

## MBF-ATC Health Declaration Form

<b>MEDICAL HISTORY:</b> Have you ever experienced or are you currently experiencing any of the following:				
Eye or vision trouble?	Y	N		
Eye or corneal surgery?	Y	N		
Hay fever?	Y	N		
Middle ear infection?	Y	N		
Sinusitis?	Y	N		
Hearing trouble?	Y	N		
Any other ears, nose & throat problems or surgery or dental issues?	Y	N		
Problems with balance?	Y	N		
Asthma or wheezing?	Y	N		
Chronic cough?	Y	N		
Any other lung problem?	Y	N		
Any shortness of breath?	Y	N		
Coughed or vomited blood?	Y	N		
Pulmonary embolism or deep vein thrombosis?	Y	N		
Any allergy?	Y	N		
Heart problem?	Y	N		
Vascular problem?	Y	N		
Suffered any chest pain?	Y	N		
Rheumatic fever?	Y	N		
High or low blood pressure?	Y	N		
Severe abdominal pain?	Y	N		
Hernia?	Y	N		
Oesophagus, stomach, liver, gall bladder or intestinal trouble?	Y	N		
Anaemia or blood disease?	Y	N		
Diagnosed or treated for cancer, tumour, growth or malignancy (including skin cancer)?	Y	N		
Headaches/migraines which have interfered in any way with daily living?	Y	N		
Headaches/migraines requiring medication?	Y	N		
Dizziness or fainting spells?	Y	N		
Unconsciousness for any reason?	Y	N		
Head injury?	Y	N		
Seizures/fits/faint/collapse?	Y	N		
Stroke?	Y	N		
Paralysis?	Y	N		
Any other neurological disorder?	Y	N		
Diagnosed depression?	Y	N		
Anxiety disorder/panic disorder?	Y	N		
Learning difficulty?	Y	N		
Attention deficit or hyperactivity disorder?	Y	N		
Post traumatic stress disorder?	Y	N		
Suicide attempt?	Y	N		
Any other mental illness or symptoms (including stress, depression or anxiety)?	Y	N		
Use of legal or illegal recreational drugs or substances?	Y	N		
Substance dependence or substance abuse?	Y	N		
Muscle, bone or joint injury?	Y	N		
Back pain, injury or "back trouble"?	Y	N		
Swollen or painful joints?	Y	N		
Suffered any pain severe enough to be disabling?	Y	N		
Passed blood with or in urine or faeces?	Y	N		
Kidney, bladder or prostatic disease?	Y	N		
Easy fatigue-ability or sleep in the day?	Y	N		
Investigations for abnormal glucose tolerance, high blood sugar, or diabetes?	Y	N		
Medical certificate for absence of 7 or more days from work?	Y	N		
Rejection or premium loading for life, health or loss of licence insurance?	Y	N		
Rejection or retirement from employment on medical grounds?	Y	N		
Admission to hospital, psychiatric or in-patient facility?	Y	N		
Taken any type of medicine or medication or alternative medicine for more than 2 weeks?	Y	N		
Had a positive laboratory test for HIV infection, or have you suffered from AIDS?	Y	N		
Sexually transmitted disease?	Y	N		
Investigation for any disorder?	Y	N		
Any major medical or surgical procedure?	Y	N		
Day surgery?	Y	N		
Any other illness, disability, debility, infirmity, treatment or surgery or investigations?	Y	N		
<b>Females only:</b>				
Any troubling menstrual problems?	Y	N		
Other gynaecological problem?	Y	N		
Any obstetric problem?	Y	N		
Breast lump or other breast problem?	Y	N		

**If you answered "Yes" to any of the above questions, please provide all details of each instance  
- use extra pages or attach any documents as required**

**Please turn over for further questions**

