



**11. Health History information**

- a) Do you have any Physical, medical or mental disability which would prevent you from performing specific work?
- b) Do you take prescribed medications?
- c) Do you smoke?
- d) Do you drink alcohol?
- e) Do you have any special medical considerations?
- f) Are you wearing Spectacles?

**DECLARATION**

Submission of this form conforms that all background, character and employment information revealed during the application and/or interview process, either orally or in writing is true, complete and accurate to the best of my knowledge.

Date:  
Place:

Signature of the Candidate