

APPLICANT/EMPLOYEE DECLARATION

Applicant/Employee Full Name

Employee Number (if applicable)

If no employee number please provide current address below:-

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Department/Institute

Applicant/Employee Job Title

Line Manager

N.B. a copy of the job description must be attached.

I hereby confirm that I know of no physical reason why I should not undertake this fitness test.

Applicant's/employee's signature

Date

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FOR OH USE ONLY

Assessed by OH on

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Outcome of Fitness Test

FIT/FIT WITH RESTRICTIONS/DEFERRED/NOT FIT

Additional Comments

Signed

Date

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