



Gold Lampstand Education Medical Declaration: Staff

Gold Lampstand Education pays due regard to the requirements outlined in the latest version of *Keeping Children Safe in Education*. As such, we are required to verify the candidate's mental and physical fitness to carry out their work responsibilities.

Please answer the following:

I confirm that I have the physical capacity to carry out my work responsibilities	YES	NO
I confirm that I have the mental capacity to carry out my work responsibilities	YES	NO

If you have answered no to either of the statements above, please contact [*Name of person*] in confidence to discuss the issues.

Do you have any medical conditions that you would like us to be aware of that may affect your ability to undertake your work responsibilities? (Please note that having a medical condition may not necessarily affect your ability to work for our organisation.)	YES	NO
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Additional information may be added below, on a separate document or discussed in confidence with *Gold Lampstand Education*.

I agree to update *Gold Lampstand Education* on any issues that may affect my ability to undertake my work responsibilities.



Gold Lampstand Education will hold this information securely in confidential personnel files.

Name of Staff Member: _____

Signed: _____

Date: _____