

Personal Protection Proposal

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| Person covered: |

Address:

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| Doctor’s details: |
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| Occupation: |
| Industry: % of work manual/Physical:  |

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| Height: |
| Weight: |
| Waist: Inches = or cms = |

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| Smoker: How many a day: |
| Alcohol: Units per week:  |
| Recreational Drugs: |

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| Do you take part in any risky/dangerous sports activities: |
| Have you worked outside EU in the last 5 years: |

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| How much personal protection do you currently have in place: £ |
| Have you ever had medical or surgical treatment: |
| High blood pressure, angina, heart -attack, stroke:  |
| Any form of Cancer or growth: |
| Diabetes, Kidney or liver problems: |
| Colitis, Stomach, bowel or bladder problem: |
| Multiple sclerosis, tremor, numbness, double vision, fainting, fits, epilepsy: |
| Mental or nervous illness: |
| Asthma, bronchitis or chest complaint: |

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| Has any of your immediate family been diagnosed with any illness/condition: |
| Condition: |
| Age of Diagnosis: |
| Relationship: |

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| Have you been exposed to the risk of HIV infection: |
| Ever tested positive for HIV/AIDS or Hepatitis B or C:  |
| Tested positive or been tested for a sexually transmitted infection:  |
| Ever had Surgery or received blood products outside the EU: |

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| Have you suffered back ache, muscular or joint problems: |
| Any sight or hearing problems: |
| Allergies or skin conditions that restrict you: |
| Receiving advice, medication or treatment at present: |

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| Bank account details, name of bank & account holder

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| Address: |
| Sort Code: |
| Account Number: |
| Day of month to take payment from bank: |

Current Medication:-

Oct 2020