# Medical Certificate for Staff

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| Family name: First name(s): |
| Address: |
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| Country: City/Postcode: |
| Phone number (please add country code):  |
| Date of birth (date/month/year): |
|  |
| **EMERGENCY CONTACT INFORMATION (in case of medical emergency)** |
| Name:Relation:Phone number (please add country code):Email: |

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| **SELF-ASSESSMENT – Physical and mental well-being and pre-existing conditions**  |
| Are you able to do **moderate/heavy physical work** on a daily basis for 3 months or more, at a height of 1'200m above sea level and above? *(Please underline your answer and add any comments you might have)***YES –** **NO -**  |
| **How is your general mental health?** At KISCyou will be living in a shared space and working with many different nationalities from various cultural backgrounds and habits.*(Please underline your answer and add any comments you might have)***I understand and I am ready –** **I have concerns -**  |
| Do you have **any pre-existing** **medical conditions** that could influence your general safety and well-being or the safety and well-being of other staff members and guests?(Eg: Epilepsia, anxiety, dyspraxia etc.) *(Please underline your answer and add any comments you might have)***YES –** **NO -**  |
| Do you take medication regularly and do you have any special needs?*(Please underline your answer and add any comments you might have)***YES –** **NO –**  |
| I hereby declare that the information provided is true and correct. I also understand that any willful dishonesty may render for refusal of this application or immediate termination of employment. Signature, Date, Place |