

SPRINGLAWN GROUP OF NURSING HOMES

<p style="text-align: center;">SPRINGLAWN HOUSE NURSING HOME 44 OLD DROMORE ROAD, OMAGH BT78 1RB Tel: 028 8224 4550 Fax: 028 8224 3109</p>	<p style="text-align: center;">KNOCKMOYLE LODGE NURSING HOME 29 KNOCKMOYLE ROAD, OMAGH BT79 7TB Tel: 028 8224 7931 Fax: 028 8224 7008</p>
<p style="text-align: center;">HILLVIEW LODGE NURSING HOME 23 OLD MOUNTFIELD ROAD, OMAGH BT79 7EL Tel: 028 8225 1125 Fax: 028 8224 8355</p>	<p style="text-align: center;">HILLCREST CARE FACILITY 23 OLD MOUNTFIELD ROAD, OMAGH BT79 7EL Tel: 028 8225 1222 Fax: 028 8224 8355</p>

DECLARATION OF HEALTH

CONFIDENTIAL

1. Have you had, or do you suffer from any of the following?
 (Please tick appropriate square.)

- EPILEPSY
- TUBERCULOSIS
- RHEUMATIC FEVER
- DISABLING HEADACHE, etc.
- FAINTING ATTACKS
- DIABETES
- KIDNEY INFECTIONS
- ASTHMA
- POSTURAL DEFORMITY, e.g. Flat Feet, back Trouble
- DRUG ADDICTION
- MENTAL ILLNESS
- HEARING DEFECTS
- SIGHT DEFECTS
- HAVE YOU BEEN VACCINATED/IMMUNISED DURING
THE PAST 5 YEARS

YES	NO	If yes, please give details

2. What other previous illness or injury have you had? (If any operation, please give details.)

3. Date of last Chest X-Ray:

4. Name and address of family doctor:

I declare that to the best of my knowledge and belief, the answers I have given above are true.

Signature:

Date:

Address:

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