



## BP MEDICAL TRUCK OMAN

### FITNESS FOR TASK HEALTH QUESTIONNAIRE

#### PART I: Declaration

Completing this assessment will assist in determining if reasonable accommodation is necessary for you to perform the proposed job.

#### Data Protection Statement:

The information you provide on this Health Questionnaire ('your information') will be held and processed for purposes of assessing your fitness for duty. Your information will remain confidential and it will not be disclosed without your prior consent.

#### Declaration:

I certify that the Information I provide on this Health Questionnaire is to the best of my knowledge as correct and complete as possible. I confirm that I understand an opinion will be made on my fitness for duty. I will contact my health team for advice if there is any change to my health which may affect my fitness for duty.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Name :

**FIT**

Dr. CORNELIUS J. J. J. J.  
 MBBS, MD, MACC, MRCP  
 POLYCLINIC 2020

I authorize the transfer of medical information between medical providers working on behalf of BP and Bp Health Teams as necessary.

Employee Name **TARIQUE ANWAR**

Date of Birth: **12/11/1987**

Employee ID: **H 5757019**

Signature: \_\_\_\_\_

