



**TRAFFORD  
COUNCIL**

**Medical Self Declaration**

<b>Badge Number :</b>	
<b>Full Name :</b>	
<b>Address (Including Postcode) :</b>	
<b>Date of Birth :</b>	
<b>Email :</b>	
<b>Telephone :</b>	

**Has anything changed since your last medical which was submitted to the Licensing Authority?**

**Yes / No**

**If yes describe in detail any changes including dates of diagnosis:**

**I declare that to the best of my knowledge and belief the answers given in this form are true. I understand that if I knowingly or recklessly make a false statement or omit any material particulars from any part of the form, which includes a medical declaration, I will be guilty of an offence which is punishable by a fine of up to £1000**

**Signature:** .....

**Date:** .....