

Health Information and Quality Authority

Medical declaration form*



Section 1. Designated centre details.		For official use
Centre name		<input type="checkbox"/>
Centre ID (OSV)		<input type="checkbox"/>
Registered provider name		<input type="checkbox"/>

Section 2. Person's details.		For official use
Please tick the relevant role for the person	Person in charge (PIC) <input type="checkbox"/>	<input type="checkbox"/>
	Person participating in management (PPIM) <input type="checkbox"/>	
Name (PIC or PPIM)		<input type="checkbox"/>
Please state the type of evidence of physical and mental fitness that you obtained for this person. Tick one box and complete the relevant section.		
Section 3.	Medical certificate. <input type="checkbox"/>	<input type="checkbox"/>
Section 4.	Declaration of physical and mental fitness. <input type="checkbox"/>	

* Any fee payable in connection with this form should be discharged between the applicant and medical practitioner.

Section 3. Medical certificate.

This section should be completed if you **have** obtained a medical certificate for the person.

Please ensure you have ticked each of the following boxes as complete.	For official use
1. I have obtained a medical certificate stating this person is physically and mentally fit for the purpose of the work that they are to perform. <input type="checkbox"/>	<input type="checkbox"/>
2. I enclose a copy of the medical certificate with this form. <input type="checkbox"/>	
3. The medical certificate is dated within the last three months . <input type="checkbox"/>	

Section 4. Declaration of physical and mental fitness.

This section should be completed in the **absence of a medical certificate** or where it is **not practical** for this person to obtain evidence of physical and mental fitness.

Please ensure you have ticked each of the following boxes as complete.	For official use
1. I have obtained a signed declaration completed by the person named in Section 2, stating they are physically and mentally fit for the purpose of the work that they are to perform. <input type="checkbox"/>	
2. I enclose a copy of the declaration with this form. <input type="checkbox"/>	<input type="checkbox"/>
3. The declaration is dated within the last three months . <input type="checkbox"/>	
4. I am satisfied the person named in section 2 is physically and mentally fit for the purpose of the work that they are to perform. <input type="checkbox"/>	

Section 5. Declaration by the registered provider		For official use
I, the undersigned, declare that the information I have provided in this form is true to the best of my knowledge and belief.		
Name (print)		<input type="checkbox"/>
Position	Director	<input type="checkbox"/>
	Partner	<input type="checkbox"/>
	Individual or sole trader	<input type="checkbox"/>
	Member of the committee of management or other controlling authority of the unincorporated body	<input type="checkbox"/>
	Person responsible on behalf of the statutory body	<input type="checkbox"/>
	Authorised signatory for and on behalf of the registered provider/intended registered provider. [†]	<input type="checkbox"/>
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

[†] A letter of authorisation notifying the Chief Inspector of the appointment of an authorised signatory must be sent by post in advance of the authorised signatory exercising signing authority. This letter must contain certain information which is set out in our Regulatory Notice which is available to download from our website www.hiqa.ie. This is only applicable if the registered/intended registered provider is a company, partnership or an unincorporated body.

This form should be posted to:

Registration Office
Regulatory Support Services
Health Information and Quality Authority
Unit 1301, City Gate
Mahon, Cork
T12 Y2XT

Telephone no: (021) 240 9340

Email: registration@hiqa.ie