Health Information and Quality Authority **Medical declaration form***	

Section 1. Designated centre details.	
Centre name	
Centre ID (OSV)	
Registered provider name	

Section 2. Person's details.		
Please tick the relevant **role** for the person	Person in charge (PIC)	☐
	Person participating in management (PPIM)	☐
Name (PIC or PPIM)		
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.	☐
Section 4.	**Declaration** of physical and mental fitness.	☐

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

Please ensure you have **ticked each** of the following boxes as complete.	
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.	☐
2. I **enclose** a copy of the medical certificate with this form.	☐
3. The medical certificate is dated within the last **three months**.	☐

Please ensure you have **ticked each** of the following boxes as complete.	
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.	☐
2. I **enclose** a copy of the declaration with this form.	☐
3. The declaration is dated within the last **three months**.	☐
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.	☐

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

[†] 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