hakea GROVE

# PRE EMPLOYMENT
# MEDICAL QUESTIONNAIRE

Our organisation has a duty of care to provide and maintain a safe working environment, so far as is practicable, and to ensure employees are not exposed to hazards. This includes adopting a screening, education and vaccination policy that minimizes the risk to health care workers and residents from infectious diseases. This form allows us to obtain relevant medical information so we can ensure, as much as possible, that you are a suitable physical and medical match for the role for which you are applying and can carry out the role without the risk of harm to yourself or others.

Please note it is discriminatory to deny a person employment solely because they have a disability or illness, and that is not the intention of this questionnaire.

## IMPORTANT INFORMATION

- If you are having any difficulties with any of the questions in this form, please discuss them with your treating Doctor.
- All details provided in this form are strictly confidential.

## PERSONAL DETAILS

First Name: Surname:

Address:

Phone: Date of Birth:

Treating Doctor: Contact Details:

Position applying for:

| MEDICAL DETAILS | YES | NO |
|---|---|---|
| 1:1 Are you currently receiving any medical treatment for any illness, injury or medical condition? | | |
| 1:2 Do you have any pre-existing chronic long term injuries or illness? | | |
| 1:3 Have you been hospitalised or had any operations? | | |
| 1:4 Are you taking any medications that could impact on your ability to work? | | |
| 1:5 Have you had any prolonged time off work in the last year due to injury or illness? | | |
| 1:6 Do you have a current Workers Compensation claim? | | |
| 1:7 Have you had a Workers Compensation claim or work related illness in the past? | | |
| Known allergies: | | |

If you answered YES to any of the medical details questions, please provide details below (include year of onset, treatment and current status of condition).

| Question Number | Details |
|---|---|
| | |

Please tick (√) in the box beside any condition that you have now or have had at any time in your life:

- ☐ Back Pain/injury
- ☐ Neck pain/injury
- ☐ Shoulder pain/injury
- ☐ Wrist pain/injury
- ☐ Knee pain/injury
- ☐ Loss of hearing/Tinnitus
- ☐ Joint problems/fractures
- ☐ Migraine/persistent headache
- ☐ Repetitive strain injury
- ☐ Blood pressure
- ☐ Asthma/lung problems
- ☐ Tuberculosis
- ☐ Hernia
- ☐ Seizures/blackouts
- ☐ Infectious disease
- ☐ Dizziness/fainting
- ☐ Hepatitis/Jaundice
- ☐ Arthritis/Rheumatism
- ☐ Angina/Heart trouble
- ☐ Speech impairment
- ☐ Anxiety/Depression
- ☐ Diabetes
- ☐ Visual impairment
- ☐ Dermatitis/skin trouble
- ☐ Mental/nervous trouble

Please comment below on those you have ticked:

Please tick (√) in the box beside any activities that you have trouble with:

- ☐ Crouching/bending
- ☐ Standing for up to 30 mins
- ☐ Reaching above shoulder height
- ☐ Wearing personal protective equipment
- ☐ Reaching between floor and waist
- ☐ Fine manipulation skills
- ☐ Walking
- ☐ Walking up or down stairs
- ☐ Sitting for up to 30 mins
- ☐ Shift work
- ☐ Frequent pushing/pulling

Please comment below on those you have ticked:

| IMMUNISATION STATUS | YES | NO | YEAR |
|---|---|---|---|
| Hepatitis B | | | |
| Fluvax (Influenza) | | | |
| Measles, Mumps, Rubella (MMR) | | | |
| dTpa (Diptheria, Tetanus, Pertussis) | | | |
| Varicella (Chickenpox) | | | |

All adults born during or since 1966 should have evidence of either receiving 2 doses of MMR vaccine or having immunity to measles, mumps and rubella. Adults born before 1966 are considered to be immune due to extensive measles, mumps and rubella circulating widely in the community during. Adults with no reliable history of chickenpox disease can have a blood test to check their immunity and if they are not immune, they can purchase it with a prescription.

To the best of my knowledge, the information I have provided in this application is true and correct. I understand that any information that is later discovered to be incorrect may result in the termination of any agreements made.

**Signature:** ..... **Date:** .....