

HEALTH QUESTIONNAIRE

**PRIVATE & CONFIDENTIAL**

Name: \_\_\_\_\_

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

Position offered: \_\_\_\_\_

*(subject to satisfactory health checks)*

The purpose of this questionnaire and your responses is to assess your ability to safely perform the inherent requirements of the position offered in line with the duties included in the attached Position Description. The information you are being asked to provide will remain confidential. We will not disclose or communicate this information to another person until it is necessary to do so.

Your responses will be assessed for any reasonable adjustments that could be made to accommodate any disabilities you identify, as well as to mitigate any risks to health and safety that may arise due to a disability, condition, or health concern.

Please answer the below questions truthfully and to the best of your knowledge.

Knowingly giving false or misleading responses may result in:

- you not being offered employment, or
- if employed - termination of employment or, in certain circumstances in some States and Territories, not being entitled to workers compensation or to seek damages for any event that aggravates a pre-existing injury or medical condition.

If the answer is yes to any of the questions on this form, please give full details in the space provided of the illness, injury, or condition. Please attach additional documents if you need more space to complete your answers. If we have any concerns about your fitness for work, employment will be subject to satisfactory medical reports.

## Health Questionnaire

Question	Insert Y/N	Additional information to 'yes' response
Do you have any pre-existing injuries or medical conditions that could affect the performance of the duties specified in the Position Description?		
Do you currently take any medication (prescribed or otherwise), that may: <ul style="list-style-type: none"> <li>• affect your capacity to work, or</li> <li>• have significant side effects affecting your capacity to perform the duties in the Position Description safely?</li> </ul>		
Do you have any physical or mental impairment which could affect your ability to carry out the duties in the Position Description?		
Do you expect to undergo any operation or treatment in the next 12 months that could affect your ability to perform the duties in the Position Description?		
Having regard to the nature of the workplace and role, and the risks present, do you have any pre-existing injury, medical condition, physical or mental impairment that may pose a risk to your health and safety or the health and safety of another person?		
Is there any other information about your health that we should know to ensure your health and safety and the health and safety of others in the workplace?		
Do you require any reasonable adjustments to be made to the		

workplace, proposed work arrangements, or duties for you to perform the inherent requirements of the role in the Position Description? If yes, please specify and provide any medical evidence in support of your requirements?		
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**ACKNOWLEDGEMENT AND CONSENT**

I, \_\_\_\_\_ (Print name) acknowledge that:

- I understand that the information collected in this Health Questionnaire is for the purposes of assessing my fitness to work, capacity to perform the inherent requirements of the position for which I am applying, and ensuring my and others' health and safety in the workplace. I consent to my personal information being collected and used for these purposes. I understand that the company may require a pre-employment medical assessment prior to making an offer of employment
- I have read the Position Description and understand the extent, nature, and circumstances of the duties I will be asked to perform
- I have answered all questions completely, honestly, and to the best of my available knowledge
- I understand that any false or misleading responses or omissions may result in my not being offered employment, or if employed, termination of employment and/or (where relevant in my State or Territory) affect my ability to claim workers compensation for any event that aggravates a pre-existing injury or medical condition
- To the best of my knowledge, I am able to perform the inherent requirements of the role specified in the Position Description

Signed: \_\_\_\_\_

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