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## EMPLOYEE HEALTH DECLARATION

*As your employer, BDS Mechanical Pty Ltd, is responsible for your health, safety and welfare whilst at work. Therefore, it is important that we are aware of any conditions, medical or otherwise, which may impact on you in the workplace. This questionnaire is not designed to discriminate, rather to create awareness and ensure you are properly accommodated in the workplace.*

NAME: .....

DAYTIME PHONE: .....

	YES	NO	If yes, please comment
<b>Are you currently receiving treatment of any kind?</b>			
*From a doctor			
*From a physiotherapist			
*From a chiropractor			
*Other health practitioner			
<b>Have you:</b>			
*Had any medical treatment in the last 6 months?			
*A current workers compensation claim?			
*Had a workers compensation claim in the last 2 years?			
*Been off work longer than 1 month for an injury, accident or illness?			
*Ever been in hospital?			
*Ever had an operation?			
*Had a medical in the last six months and been refused employment?			

*Any other medical condition you feel is relevant to your suitability for this position?			
<b>Have you ever had or currently have:</b>			
*Heart disease or heart attack?			
*High or low blood pressure?			
*Asthma or other respiratory illness?			
*Chronic Bronchitis or emphysema?			
*Fits or epilepsy?			
*Depression/Anxiety or other mental illness?			
*Neck/Back pain, slipped disc or back surgery?			
*Arthritis, soreness or injury to joints or muscles?			
*Diabetes?			
*Dermatitis, eczema, skin irritations?			
*Dizzy or fainting attacks?			
*Sleep related disorder?			
*Unusual muscle weakness?			
*Any allergies?			
<b>Do you:</b>			
*Take medications at present?			
*Have any medical condition(s) that would be identified at a medical conducted by a doctor?			
*Wear prescription glasses or contact lenses?			
<b>Physical Abilities, can you:</b>			
*Work in confined spaces or at heights?			
*Run 100 meters?			
*Climb a ladder?			
*Walk over rough ground?			
*Crouch and kneel?			
*Lift 10kg without trouble?			
*Use hand tools?			
*Wear a respirator?			
*Wear safety glasses?			
*Wear a hard hat?			
*Wear steel capped boots?			
*Sit or stand for long periods?			
*Do you have any restrictions that would stop you from adequately carrying out your duties?			
<b>Other information:</b>			
*Do you have good peripheral (side) vision from both eyes?			
*Do you have normal hearing in both ears?			
*Do you drink alcohol? If yes, please list standard drinks per week			

**What is the general state of your health? Please elaborate on any medical conditions we should be aware of below:**


**WORKER’S COMPENSATION (Please circle the appropriate response)**

Do you have any pending Worker’s Compensation or any disability claims whatsoever? YES NO

If yes to the above question, please specify details of the claim made and the expected timeframe for an outcome:

Approximate date	Name of Employer	Nature of the claim	Duration
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- I certify that all information provided by me is at the time of completion true and correct to the best of my knowledge. Should any factors relating to my health and well-being change at any time in the future, whilst employed by BDS Mechanical Pty Ltd, I agree to inform all relevant parties immediately and understand this may impact on the duties I am able to perform in my employment.
- I understand that failure to disclose any medical conditions or injuries may result in dismissal.
- I also agree to report any incidents or injuries which occur in the workplace immediately to my supervisor as required by legislation.

Type name as signed (for ex. J.Smith)

SIGNATURE: -----

NAME: -----

DATE: -----