

Pre-employment Health Declaration

Western Downs Regional Council (WDRC) is collecting your personal information on this form for the purpose of managing your employment. Your personal information is handled in accordance with the Information Privacy Act 2009.

SECTION 1 Applicant Personal Details (to be completed by the applicant)			
Position Applied For:			
Full Name:			
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth: / /
Address:			
Phone Number (Mobile/Landline):			
Driver's Licence Type:		Expiry Date:	/ /
Do you require a medical certificate for driving?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Details:
WDRC's Safety First Culture ensures Council employees comply with manufacturer's specifications when operating plant and equipment. You should identify if there are any reason/s which would prevent you from complying with manufacturer specifications e.g. maximum seat loading of 120kg? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please specify.			
SECTION 2 Health Declaration (Please answer every question)			
Q1. Work History:			
Is the job you are applying for the same type of work you are currently doing?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
If no, have you ever done this work in the past?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Have you previously worked in the same work environment as this job? e.g. office, outdoors, quarry etc.	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
If Yes, did you have any problems? e.g. Sore back from sitting for long periods, knee pain from repetitive squatting.	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Please Specify			
Are you aware of any existing conditions or issues you may have or previously have had, that could be exacerbated by undertaking this role? e.g. Working to deadlines causing anxiety, manual handling aggravating a back injury.	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Please Specify			
Are you aware of anything which would prevent you working in the following situations: (External roles only)			
In wet conditions/rain	No <input type="checkbox"/> Yes <input type="checkbox"/>	At heights above 1 metre	No <input type="checkbox"/> Yes <input type="checkbox"/>
In confined spaces	No <input type="checkbox"/> Yes <input type="checkbox"/>	Temperatures over 30°C	No <input type="checkbox"/> Yes <input type="checkbox"/>
In dusty conditions	No <input type="checkbox"/> Yes <input type="checkbox"/>		
Q2. Personal Health History:			
Do you currently have OR have you ever had any of the following (Answer every question)?			
Neck injury/whiplash	No <input type="checkbox"/> Yes <input type="checkbox"/>	Arm/wrist injury (RSI)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Injury in back/neck or frequent/persistent back ache	No <input type="checkbox"/> Yes <input type="checkbox"/>	Knee injury/reconstruction	No <input type="checkbox"/> Yes <input type="checkbox"/>
Shoulder injury	No <input type="checkbox"/> Yes <input type="checkbox"/>	Hearing Loss Left / Right / Both (please circle)	No <input type="checkbox"/> Yes <input type="checkbox"/>

Have you had any of the following inoculations?

Hepatitis A	No <input type="checkbox"/> Yes <input type="checkbox"/>	Hepatitis B	No <input type="checkbox"/> Yes <input type="checkbox"/>
Influenza	No <input type="checkbox"/> Yes <input type="checkbox"/>	Measles/Mumps/Rubella	No <input type="checkbox"/> Yes <input type="checkbox"/>
Tuberculosis	No <input type="checkbox"/> Yes <input type="checkbox"/>	Tetanus	No <input type="checkbox"/> Yes <input type="checkbox"/>
Q Fever	No <input type="checkbox"/> Yes <input type="checkbox"/>		

Do you currently take any prescribed medications that may interfere with you performing the position you are applying for? No Yes If yes, please specify.

Do you suffer from any allergies? No Yes If yes, please specify.

Would you like to disclose any further medical information not previously been mentioned, that may affect your ability to perform the role you have applied for? e.g. Suffer from sleep apnoea No Yes
If yes, please specify.

SECTION 3 Consent & Acknowledgement

I, _____ (*Applicant's Name*) declare that the contents of this form are true, correct and complete to the best of my knowledge. No information concerning my past or present state of health has been withheld as it relates to my ability to perform the job I have applied for. I will provide additional medical information and will undergo a health assessment by a Council appointed medical practitioner if deemed necessary by the Western Downs Regional Council.

I am aware that I may be required to undergo a hearing test. I understand I will be advised if a work-related noise induced hearing deficit is detected so that I am able to lodge a compensation claim against the relevant past employer. I am aware that the record of audiometry will be held in my personnel file record.

I am aware that Western Downs Regional Council conduct random drug and alcohol screening and I will be tested periodically throughout my employment.

I understand that any wilfully incorrect or misleading answer or material omission which relates to any of the questions before mentioned may make me ineligible for employment, or if employed, liable to disciplinary action which may include dismissal. I understand that this pre-employment health declaration forms part of my personal file record.

Applicant's signature _____ **Date:** ____/____/____