

LOGMASTER TRUCKING

Register of Regular Assessment of Employee Health

Employee name:	Audio (A), Vision (V), Back Power (BP), Locomotor (L), Chemical (C), General Medical (GM), Spirometry (S). Tick all appropriate boxes:							Reassessment	Date	Follow up Completed or Director or Manager Initials:	
	A	V	B P	L	C	G M	S			<input checked="" type="checkbox"/>	Initial
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Circle (Yes) or (No)

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| 1. Do you have any health problems that may: (1) Be affected by your intended work? (2) Affect the health of other workers? Yes No | Yes | No |
| 2. Have you had any work related injury or illness that may affect your ability to do the job you have applied for? | Yes | No |
| 3. Within the last 5 years have you had any ACC claim that could be aggravated by the type of work you are applying for? | Yes | No |
| 4. Have you had any form of repetitive strain injury (OOS)? | Yes | No |
| 5. Have you ever had epilepsy or a seizure/fit? | Yes | No |
| 6. Have you had an episode of loss of consciousness? | Yes | No |
| 7. Do you take any medication that may affect your ability to concentrate? | Yes | No |
| 8. Do you have diabetes? | Yes | No |
| 9. Do you have any known heart problem? Or, take heart medication? | Yes | No |
| 10. Do you or have you had a hernia? | Yes | No |
| 11. Have you in the last six months sought treatment for stress fatigue? | Yes | No |
| 12. Is there any reason you would not be able to wear PPE if required Ear protection, Safety glasses, Breathing apparatus or mask, Hard hat, Protective overalls/gloves, Leg chaps (circle those that apply)? | Yes | No |
| 13. Do you have any arthritis, stiffness, pain, pins and needles or injury affecting the use of the following parts of your body: Hand/wrists, Arms/shoulders, Neck/back, Hips/knees, Feet (circle those that apply)? | Yes | No |
| 14. Have you ever had a back injury or operation? | Yes | No |
| 15. Have you ever suffered from asthma? | Yes | No |

Signature _____

Signature _____

[illegible]