

## Pre-Employment Health Assessment

### **PART A: PERSONAL DETAILS**

Surname: Doe

First Name: John

Date of Birth: 01/15/1998

Gender: Male

Address: 1234 Health Street, Sydney, NSW, 2000

Phone No (Mobile): +61 400 123 456

Email: john.doe@example.com

Present Employee of NNSWLHN: No

### **PART B: POSITION DETAILS**

Position Applied For: Registered Nurse

Recruitment No: 56789

Hospital/Facility: Northern NSW LHD

Ward/Dept: Emergency Department

### **PART C: GENERAL HEALTH SCREENING**

1. Have you been involved in any motor vehicle accidents resulting in personal injury? No
2. Have you ever lodged a claim for workers compensation? No
3. Have you suffered back pain or strain injury (including back surgery)? No
4. Have you suffered from shoulder, neck or arm pain or strain? No
5. Have you suffered from hip, knee or ankle pain? No
6. Have you had a full medical clearance for any injury identified in questions 1 to 5? N/A

7. Are you receiving any ongoing treatment for injuries identified in questions 1 to 5? No

8. Do you suffer from any medical condition (including physical, psychiatric, psychological) for which you are receiving treatment? No

### **Health Conditions**

- Lower back, neck or thoracic spinal pain? No
- Sciatica? No
- Wrist or elbow pain or weakness? No
- Tenosynovitis, carpal tunnel or RSI? No
- Arthritis, rheumatism or painful joints? No
- Broken bones or torn cartilage? No
- Scars/deformations? No
- Hernia? No
- Diabetes? No
- Epilepsy, dizzy spells, or neurological disorder? No
- Mental health condition? No
- High blood pressure, chest pain or circulatory trouble? No
- Asthma or chronic bronchitis? No
- Autoimmune disease? No
- Nail or chronic skin infections? No
- Eczema, dermatitis or skin rashes? No
- Latex allergy? No
- Allergic reactions to medicines or foods? No
- Vision or hearing problems? No
- Other serious illness? No

- Health problems related to previous employment? No

#### **PART D: PAST OCCUPATIONAL EXPOSURES**

- Cytotoxics: No
- Glutaraldehyde: No
- Ethylene Oxide: No
- Asbestos: No
- Pesticides: No
- Lead: No
- Solvents: No
- Excessive noise: No
- Previous hearing testing: No
- Previous health screening for asbestos: No

#### **PART E: HEALTH DECLARATION**

I hereby declare that the above statements and answers are true and correct to the best of my knowledge. I have read the inherent requirements for the position I am applying for and I understand and can fulfill these requirements. Yes

I agree to the release of medical information to my prospective employer that directly relates to my ability to carry out the tasks adequately and safely in this position. Yes

I am aware that any false or misleading statements may impact on my appointment or continued employment with Northern NSW Local Health Network. Yes

Print Name: John Doe

Signature of Applicant: \_\_\_\_\_

Date: 08/26/2024