PRE-EMPLOYMENT HEALTH ASSESSMENT QUESTIONNAIRE

Personal Details

Job Number: _____

Family Name: phuong sefl

Given Names: nguyen minh

Date of Birth: 01/05/1982

Gender: Male

Proposed Occupation: _____

Job Location: sasa

Specific work location: _____

Best Contact phone numbers (with message facility): _____

APPLICANTS

This pre-employment medical assessment involves completing a health questionnaire and having a general medical examination. It MAY (depending on the job) involve a chest X-ray, blood tests, MRI, urine drug screen, alcohol breath test, audiometry (hearing test), spirometry (lung test), manual handling assessment, fitness test and/or ECG.

The Pre-Employment Health Assessment is part of the employment process and is used to assess your suitability for the position and the physical work environment for which you are being considered; and to ensure you are not at increased risk of injury to yourself and/or other employees in this position. This examination is NOT to treat health issues that are concerning you - you should see your GP for this. It also cannot be used for any other job you might be applying for. The assessment may take up to 90 minutes. Please complete the questionnaire and hand to the receptionist.

- Complete section 1 by answering YES or NO to EVERY question (mark the YES or NO box clearly)
- Initial the bottom right corner of each page
- Read the declaration and sign

Questionnaire (Answer every question)

Q1 - About your work history:

Year		Job	Employer
From	To		
24/11/2014	24/11/2014		
24/11/2014	24/11/2014		

Is the Job you are applying for now the same TYPE of WORK you are now doing? N ☑ Y ☐

If No, have you ever done this work in the past? N ☑ Y ☐

Some WORK ENVIRONMENTS are challenging - they may be hot, humid, dusty, remote, or involve working with specific chemicals and fumes e.g. Sulphur Dioxide, Nickel, Grain Dust. These environments MAY affect or be affected by some specific health conditions.

Have you previously worked in the same WORK ENVIRONMENT as this job? N ☑ Y ☐

If YES, did you have any problems? N ☑ Y ☐

Are you aware of anything which would cause problems for you working in this environment? N ☐ Y ☐

Are you aware of anything which would prevent you working in the following situations: (Answer every question)

Underground	N ☐	Y ☐	In wet conditions	N ☐	Y ☐
Dusty conditions, inc. Grain dust	N ☐	Y ☐	With Nickel	N ☐	Y ☐
Remote Environment	N ☐	Y ☐	Very hot, humid conditions	N ☐	Y ☐
At heights	N ☐	Y ☐			

Is the job you are applying for fly in fly out (FIFO)? N ☐ Y ☐

If Yes, have you done FIFO before? N ☐ Y ☐

If Yes, Did you have any problems? N ☐ Y ☐

Is the job you are applying for shift work? N ☐ Y ☐

If Yes, have you done shift work before? N ☐ Y ☐

If Yes, Did you have any problems especially with fatigue? N ☐ Y ☐

Are you fully able and prepared to wear/use all required safety equipment? N ☐ Y ☐

(This might include - Hard hat, safety glasses, safety boots, gloves, respirator, mask, ear muffs or plugs, a harness or any other safety equipment that might be required)

Examiners Comments to yes answers

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Q2 - About your general health:

Have you ever had an operation, procedure or surgery or been admitted to hospital? N ☐ Y ☐

Have you ever had a motor vehicle (inc. motor bike) accident which caused you injury? N ☐ Y ☐

Have you ever had a sports injury (apart from minor sprains)? N ☐ Y ☐

If YES When? .....

Did you need time off work? N ☐ Y ☐ How long were you off? .....

How long were you on modified or light duties? .....

How long did you need treatment? .....

Did you return to normal duties? N ☐ Y ☐

Was there a compensation payout? N ☐ Y ☐

Were there any associated psychological problems? N ☐ Y ☐

Examiners Comments to yes answers

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Do you have any dental health problems or dental work pending? N ☐ Y ☐

Are you an Insulin dependent diabetic? N ☐ Y ☐

Have you ever had a seizure? N ☐ Y ☐

Are you Epileptic? N ☐ Y ☐

Are you asthmatic? N ☐ Y ☐

Do you have any scars? N ☐ Y ☐

Do you wear a Medic Alert bracelet? N ☐ Y ☐

Do you currently have OR have you EVER had any of the following (Answer every question)

Q3 - Musculoskeletal:

(Musculoskeletal Health refers to tendons, muscles, ligaments, bones, joints and spine discs)

Neck injury, or whiplash	N ☐	Y ☐	Arm or wrist injury	N ☐	Y ☐
A disk injury in the back or neck	N ☐	Y ☐	Hand injury	N ☐	Y ☐
Frequent backache	N ☐	Y ☐	Leg injury	N ☐	Y ☐
Physio/Chiropractic	N ☐	Y ☐	Knee cartilage surgery	N ☐	Y ☐
Back injury	N ☐	Y ☐	Knee reconstruction	N ☐	Y ☐
Sciatica	N ☐	Y ☐	Foot problems	N ☐	Y ☐
Back or neck surgery	N ☐	Y ☐	Any other bone or joint injury	N ☐	Y ☐
Swollen joints	N ☐	Y ☐	Rheumatism/arthritis	N ☐	Y ☐
Arthritic knee or hip	N ☐	Y ☐			

RSI, wrist strain, overuse syndrome or carpal tunnel syndrome	N ☐	Y ☐
Hernia (groin)	N ☐	Y ☐

Q4 - Mental Health:

Have you ever had any mental health issue requiring medication (antidepressants, sedatives or sleeping tablets) or counselling?	N ☐	Y ☐
Have you ever been referred to a psychologist or psychiatrist?	N ☐	Y ☐
Have you ever had a problem with drugs or alcohol?	N ☐	Y ☐

Depression	N ☐	Y ☐	Anxiety	N ☐	Y ☐
Panic attacks	N ☐	Y ☐	Insomnia	N ☐	Y ☐
Other nervous problem	N ☐	Y ☐			

Q5 - Skin health:

Eczema	N ☐	Y ☐	Dermatitis	N ☐	Y ☐
Psoriasis	N ☐	Y ☐	Skin cancers	N ☐	Y ☐
Any other skin problem	N ☐	Y ☐			

Q6 - Respiratory (lung) and cardiovascular health:

Asthma	N ☐	Y ☐	Emphysema	N ☐	Y ☐
Industrial lung disease	N ☐	Y ☐	Heart disease	N ☐	Y ☐
Artery or vein problems	N ☐	Y ☐	Bronchitis	N ☐	Y ☐
High blood pressure	N ☐	Y ☐	Collapsed lung (pneumothorax)?	N ☐	Y ☐
DVT (Thrombosis)	N ☐	Y ☐	Heart attack	N ☐	Y ☐
Have you ever used a puffer?	N ☐	Y ☐			
Do you have a cardiac pacemaker?	N ☐	Y ☐			

Q7 - Neurological health:

Head injury/concussion	N ☐	Y ☐	Severe headaches/migraines	N ☐	Y ☐
Epilepsy/fits/Vertigo	N ☐	Y ☐	Any other neurological	N ☐	Y ☐

Q8 - Miscellaneous medical:

Diabetes on Insulin	N ☐	Y ☐	Arthritis	N ☐	Y ☐
Diabetes on Medication	N ☐	Y ☐	Blood disorder	N ☐	Y ☐
Diabetes on Diet control	N ☐	Y ☐	Cancer or tumour	N ☐	Y ☐
Kidney problems	N ☐	Y ☐	Bowel problems	N ☐	Y ☐
Liver disease	N ☐	Y ☐	Hepatitis	N ☐	Y ☐
A hearing loss	N ☐	Y ☐	A problem with vision	N ☐	Y ☐
Heat exhaustion/heat stroke	N ☐	Y ☐	Any other chronic illness	N ☐	Y ☐

Q9 - Women's health:

Are you pregnant	N ☐	Y ☐	Are you Breast feeding	N ☐	Y ☐

Examiners Comments to yes answers

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Occupational Health:

Q10 - Do you have any disabilities or difficulties that may place you at increased risk at work? N ☐ Y ☐

Q11 - Are you freely able to:

Climb (ladders, stairs etc)	N ☐	Y ☐	Squat frequently	N ☐	Y ☐
Bend and lift	N ☐	Y ☐	Push, pull and reach	N ☐	Y ☐
Work overhead	N ☐	Y ☐	Work underground	N ☐	Y ☐
Work at heights	N ☐	Y ☐	Work in dusty conditions	N ☐	Y ☐
Work in isolation	N ☐	Y ☐	Work in confined spaces	N ☐	Y ☐
Read instruments	N ☐	Y ☐	Work over uneven ground	N ☐	Y ☐
Work in awkward postures	N ☐	Y ☐	Work with vibration	N ☐	Y ☐

Q12 - Do you have any of the following disabilities or difficulties?

Loss of full back function	N ☐	Y ☐	Loss of full arm function	N ☐	Y ☐
Loss of full leg function	N ☐	Y ☐	Psychological problems	N ☐	Y ☐
Difficulty hearing/need a hearing aid	N ☐	Y ☐	Breathing problems	N ☐	Y ☐
Loss of eye/loss of vision in eye	N ☐	Y ☐	Chronic skin problems	N ☐	Y ☐
Glasses for reading/distance	N ☐	Y ☐	Alcohol or drug misuse	N ☐	Y ☐
Other Loss of function	N ☐	Y ☐	Loss of mobility	N ☐	Y ☐
Loss of full movements	N ☐	Y ☐	Loss of full neck function	N ☐	Y ☐
Any other problem	N ☐	Y ☐			

Examiners Comments to yes answers

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Q13 - Have you ever: (Answer every question)

Been medically advised to change occupation N ☐ Y ☐ .....
Been medically advised to limit or restrict activities N ☐ Y ☐ .....
Had more than 1 week off because of injury N ☐ Y ☐ .....

If Yes to above question, what was this for: .....

Have you ever needed to be Medi-vac'd from an offshore facility or remote site? N ☐ Y ☐

Details: .....

Examiners Comments to yes answers

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Q14 - Have you ever suffered any work-related disease, or claimed workers compensation? N ☐ Y ☐

If YES what year and what was it for? .....
How long were you off work? .....
How long were you on modified or light duties? .....
How long did you need treatment? .....
Did you return to normal duties? N ☐ Y ☐
Was there a compensation payout? N ☐ Y ☐
Were there any associated psychological problems? N ☐ Y ☐

Details: .....
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Do you have a current open W/C claim? N ☐ Y ☐

Examiners Comments to yes answers

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Q15 - Do you take any medications including inhalers and patches? N ☐ Y ☐

List: .....

Q16 - Allergies: (Answer Every Question)

I get hay fever N ☐ Y ☐ I get asthma N ☐ Y ☐
I get eczema/dermatitis N ☐ Y ☐
I am allergic to .....
I have needed adrenaline in the past for a serious allergy reaction N ☐ Y ☐
I carry Adrenalin (Epipen) N ☐ Y ☐

Q17 - Regarding Immunisations. Have you had: (Answer every question)

Q Fever or the immunisation	N ☐	Y ☐	Tetanus immunisation	N ☐	Y ☐
Hepatitis A or the immunisation	N ☐	Y ☐	Hepatitis B or the immunisation	N ☐	Y ☐

Examiners Comments to yes answers

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Q18 - About your respiratory (lung) health

In the past 3 years have you had a period of increased cough and phlegm lasting three weeks or more?	N ☐	Y ☐
Have you had any chest illness which has kept you from your usual activities for a week or more?	N ☐	Y ☐
Do you get short of breath when hurrying on level ground or walking up a slight hill?	N ☐	Y ☐
Do you get short of breath when walking with other people of your age on level ground?	N ☐	Y ☐
Do you ever wake up in your sleep short of breath?	N ☐	Y ☐
Does your chest ever sound wheezy or whistling?	N ☐	Y ☐
Does your chest ever feel tight or your breathing become difficult?	N ☐	Y ☐
Have you ever been given or used a puffer?	N ☐	Y ☐

If YES, When was the last time you used a puffer?.....

Q19 - Smoking history

Do you or did you smoke more than 1 cigarette/day; a cigar/week; or 2 oz pipe tobacco/month? N ☐ Y ☐

If NO go to question 20 below. If YES continue

How much do you smoke? cigarettes / cigars per day .....or roll your own or pipes grams/week .....

How many years have you or did you smoke for? .....

Q20 - Alcohol consumption

How many drink/s would you drink on average per week? .....

What is the maximum number of drinks you'd drink in one day? .....

(A standard drink = 285 ml of beer, a nip of spirits or a glass of wine)

Q21 - Your exercise

How often would you exercise for 20 minutes or more?

Rarely/occasionally/never ☐ once or twice a week ☐ three or more times per week ☐

Do you play any sport or do gym regularly? N ☐ Y ☐

If YES, details: .....

football- ☐ golf- ☐ tennis- ☐

squash- ☐ bowls- ☐ gym- ☐

other- ☐ .....

Q22 - Fatigue & Sleepiness

Have you ever had, or been told by a doctor that you had a sleep disorder, sleep apneoa, or narcolepsy?	N ☐	Y ☐
Has anyone noticed that your breathing stops or is disrupted by episodes of choking during your sleep?	N ☐	Y ☐
Do you use a CPAP breathing device at night?	N ☐	Y ☐

Q23 - Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired?

Chance of dozing (0-3)

0 = would never doze off
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing

Write the appropriate number in the box

Sitting and reading	.....
Watching TV	.....
Sitting, inactive in a public place (e.g. A theatre or meeting)	.....
As a passenger in a car for an hour without a break	.....
Lying down to rest in the afternoon when circumstances	.....
Sitting and talking to someone	.....
Sitting quietly after a lunch without alcohol	.....
In a car, while stopped for a few minutes in the traffic	.....
TOTAL SCORE	0.0

APPLICANT AUTHORISATION AND DECLARATION

I consent to a medical examination, urine drug test, a chest x-ray an MRI or an ECG, in relation to my application for employment.

I declare that the information which I have set out in this questionnaire is truthful and that there are no misleading answers or omissions. I understand that if I am employed and it is subsequently established that I have been misleading or untruthful, I may be terminated from employment.

I understand that employers may be able to reject compensation if it is found that I have been false or misleading.

I authorise a medical representative to contact any person, clinic or hospital, which has previously provided me with treatment in order to obtain further medical information which may assist them or my prospective employer in determining my suitability for the job for which I have applied.

I authorise the medical representative to release details of my personal medical details from this pre-employment medical to the authorised representative at my prospective employment. All medical details shall remain strictly confidential and for use only by the authorised representative in the interests of my safety and well being whilst I am an employee.

	24/11/2014
Signature	Date

EXTERNAL EXAMINERS:

- Please give details on all positive questionnaire responses.
  - If there is no comment we are unsure whether the questionnaire response has been overlooked.

- Please ensure your staff have completed a satisfactory spirometry.
  - Asthma is a very important condition in relation to many jobs with potential exposure to asthma irritants - it is vital we have accurate spirometry results. The following web site has a link to a Spirometry Guide that may be of value to yourself and your staff (www.jobfit.com.au). Please do not enter percentages of predicted values - enter actual values.

- If a urine drug screen is sent to a laboratory please ensure that the request form is marked for a copy of the result to be sent direct to preferred medical service provider.
  - This prevents delays and expedites the applicant's opportunity to be employed.

- Do not perform any tests that are not on the purchase order.
  - We will not take responsibility for unauthorised charges. This examination is not to treat or investigate any health issues.

- It is important we know what work the applicant is currently doing and/or has done since any significant health issue or injury.
  - Many jobs involve difficult work in difficult environments e.g. hot, humid, underground, shift work, fly in fly out etc - the applicant's experience of these types of work may be relevant.

- Please refrain from making or suggesting a determination regarding suitability for employment.
  - It is the responsibility of the Occupational Physicians to make the determination re suitability and to advise about risk profile. We need comprehensive information from you to do this.

- Please ensure all requested parts of the health assessment are completed.