

Personal Details: (to be filled in by Patient)			
Surname: test test		Given Names: null	
Date of Birth:	M F	Phone Extension:	
Home Address:	·	Home Phone:	
		Mobile Phone:	
Next of Kin/Emergency Contact:	Relationship:	Contact No (AH):	
Next of Kill/Emergency Contact.	Troidillonomp.	Contact No (All).	
		Contact No (MH):	
Address: As above	•	•	
Declaration:			
I declare that the above information company immediately and update the		that if any of this information changes, i will inform my	
Name: null test test	Sign:	Date: 24/11/2014	



Release of Medical Information
I, null test test DOB:
request to make available to the appropriate authorised management staff of my company, any details from my medical examination which may affect my suitablility for the position which I have applied for.
I understand that I will be tested for drugs as part of my Employment Medical Examination and that it is in my interests to reveal any prescription drugs that I am taking
Signed:
Witness:
Date: 24/11/2014
Declaration
I, null test test DOB:
Declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material facts are withheld, I will not be accepted, or if I am employed, my employment may be terminated.
I authorise the examining doctor to release any information acquired from my medical history, examination and urine drug screen to the appropriate management staff of my company.
Signed:
Witness:
Date: 24/11/14 3:37 AM

Medical History/Questionnaire

(To be filled out prior to Doctors visit)

Please answer the following as fully as possible.



General Heath Questions test

	Question	YES	NO	Reason/Example/Date
1	Have you seen your doctor in the last 6 monthsconcerning your health?	N	0	
2	Are you currently taking any medication? If yes, please state what medication.	No		
3	Do you have any allergies? What are yousymptoms?	N	0	
4	Has your weight altered much in the last two years?How much?	N	0	
5	During a typical work day, how much water do you drink, ie cups, litres?	N	0	
6	Have you received a tetanus injection? What year?	N	0	
7	Have you received a Hepatitis A/B injection? What year?	N	0	
8	Do you usually have difficulties falling asleep or staying asleep?	N	0	
9	Have you noticed any abnormal bleeding from anywhere?	N	0	
10	Do you suffer from spells of complete exhaustion?	N	0	
11	Do you or have you ever suffered from fatigue?	N	0	
12	Have you ever had any serious injuries, illnesses, mental or physical, which required medical treatment for a period of one	N	0	
13	Do you consume alcohol on a regular basis? If yes:	N	0	
	How many days per week?	N	0	
	How many standard drinks on those days?	N	0	
14	14. Are you a smoker? If yes:	N	0	
	How many cigarettes do you smoke a day(no. of cigarettes)?	N	0	
	Tailor made or roll-your-own?	N	o	
	How old were you when you startedsmoking?	N	0	
	Have you ever smoked?	N	0	
	When did you start and stop?	N	0	



	How many cigarettes did you smoke a day?	No	
15	Do you exercise regularly? How often and what type of exercise?	No	
16	Do you have any concerns about any aspect of your health?	No	
Markers' Componentian / Mark related Questions			

Workers' Compensation / Work related Questions

VVOIR	kers Compensation/ Work related Questions			
	Question	YES	NO	
1	Do you or have you had a work related diseaseor injury?	N	0	
2	Have you ever lodged or do you have aworker's compensation claim?	N	0	
3	In the last 6 months, have you lost time fromwork due to sickness?	N	0	
4	Do you have any health issues that restrict you from completing your work?	N	0	
5	Have you ever had problems wearing gloves or other personal protective equipment?	N	0	
6	6. Have you ever been regularly exposed to:	N	0	
	Chemicals	N	D.	
	Noise	N	0	
	Asbestos	N	0	
	Solvents	N	0	
	Radiation	N	0	
	Dust	N	0	
	Other	N	o	
	1	l		1

Questions concerning Musculoskeletal Problems

	Question	YES	NO	
1	Have you ever:	N	lo	
	Spent time in hospital?	N	0	



	Had a blood transfusion?	No	
	Broken or fractured any bones?	No	
	Had any other injury not related towork, ie from an accident, sport?	No	
2	Have you ever had a cervical (neck) injury?	No	
3	Have you ever suffered a lumbar (lower back)injury?	No	
4	Do you have any pain and/or stiffness in:	No	
	Cervical (neck) spine	No	
5	Have you ever had any injury or condition to your:	No	
	Shoulder	No	
	Elbow	No	
	Wrist	No	
	Hip	No	
	Knee	No	
	Ankle	No	
6	Do you or have you ever suffered fromRepetitive Strain Injury (RSI), OccupationalOveruse Syndrome, Tennis Elbow,	No	
7	Do you ever experience unexplained pinsand needles in your hands?	No	
8	Do you suffer from Arthritis (ie Rheumatoidarthritis, Osteoarthritis) or Osteoporosis?	No	
9	Have you ever or do you have aches andpains in your muscles that are not related toexercise, ie fibromyalgia?	No	
10	Have you ever or do you suffer from foottrouble or difficulty wearing shoes?	No	



Questions concerning Respiratory and Cardiovascular Health

1 Do any of your immediate family memberssuffer, or have suffer from, heart proteins eithigh blood pressure, heart 2 Have you ever or do you suffer from Angina (Chest pain)? No 3 Have you ever undergone chest or heart surgery? No 4 Have you ever or do you suffer from: No Heart Disease No Palpitations or Irregular Heart Beat No Heart Murmurs No High Blood Pressure No 5 Have you ever had or suffer from a chronic chest condition No Such as: Wheezing Asthma or Exercise Induced Asthma No Emphysema No Bronchitis No Tuberculosis No Chronic Obstructive Pulmonary Disease No Rheumatic Fever No 6 Have you ever coughed up blood? No		Question	YES	NO	
3 Have you ever undergone chest or heart surgery? No 4 Have you ever or do you suffer from: No Heart Disease No Palpitations or Irregular Heart Beat No Heart Murmurs No High Blood Pressure No 5 Have you ever had or suffer from a chronic chest condition No Such as: Wheezing Asthma or Exercise Induced Asthma No Emphysema No Bronchitis No Tuberculosis No Chronic Obstructive Pulmonary Disease No Rheumatic Fever No	1	suffered from, heart problems iehigh blood pressure, heart	N	0	
4 Have you ever or do you suffer from: No Palpitations or Irregular Heart Beat No Heart Murmurs No High Blood Pressure No Have you ever had or suffer from a chronic chest condition such as: Wheezing Asthma or Exercise Induced Asthma No Emphysema No Bronchitis No Tuberculosis No Hay Fever No Chronic Obstructive Pulmonary Disease No Rheumatic Fever No	2	Have you ever or do you suffer from Angina (Chest pain)?	N	o	
Heart Disease No Palpitations or Irregular Heart Beat No Heart Murmurs No High Blood Pressure No Such as: Wheezing Asthma or Exercise Induced Asthma No Emphysema No Bronchitis No Tuberculosis No Hay Fever No Chronic Obstructive Pulmonary Disease No Rheumatic Fever No	3	Have you ever undergone chest or heart surgery?	N	0	
Palpitations or Irregular Heart Beat No Heart Murmurs No High Blood Pressure No 5 Have you ever had or suffer from a chronic chest condition such as: Wheezing Asthma or Exercise Induced Asthma No Emphysema No Bronchitis No Tuberculosis No Hay Fever No Chronic Obstructive Pulmonary Disease No Rheumatic Fever No	4	Have you ever or do you suffer from:	N	0	
Heart Murmurs No High Blood Pressure No Have you ever had or suffer from a chronic chest condition such as: Wheezing Asthma or Exercise Induced Asthma No Emphysema No Bronchitis No Tuberculosis No Hay Fever No Chronic Obstructive Pulmonary Disease No Rheumatic Fever No		Heart Disease	No	o	
High Blood Pressure No Have you ever had or suffer from a chronic chest condition such as: Wheezing Asthma or Exercise Induced Asthma No Emphysema No Bronchitis No Tuberculosis No Hay Fever No Chronic Obstructive Pulmonary Disease No Rheumatic Fever No		Palpitations or Irregular Heart Beat	No	0	
No No No		Heart Murmurs	No	o	
Such as: Wheezing Asthma or Exercise Induced Asthma No Emphysema No Bronchitis No Tuberculosis No Hay Fever No Chronic Obstructive Pulmonary Disease No Rheumatic Fever No		High Blood Pressure	No	0	
Emphysema No Bronchitis No Tuberculosis No Hay Fever No Chronic Obstructive Pulmonary Disease No Rheumatic Fever No	5		N	0	
Bronchitis No Tuberculosis No Hay Fever No Chronic Obstructive Pulmonary Disease No Rheumatic Fever No		Wheezing Asthma or Exercise Induced Asthma	No	0	
Tuberculosis No Hay Fever No Chronic Obstructive Pulmonary Disease No Rheumatic Fever No		Emphysema	No	o	
Hay Fever No Chronic Obstructive Pulmonary Disease No Rheumatic Fever No		Bronchitis	No	o	
Chronic Obstructive Pulmonary Disease No Rheumatic Fever No		Tuberculosis	No	0	
Rheumatic Fever No		Hay Fever	No	o	
No No		Chronic Obstructive Pulmonary Disease	No	0	
6 Have you ever coughed up blood? No		Rheumatic Fever	No	0	
	6	Have you ever coughed up blood?	N	0	



Questions concerning Head, Ear, Eye and Skin Health

	Question	YES	NO	
1	Have you ever had a head injury or a concussion?	N	lo	
2	Have you ever or do you suffer from frequent headaches or migraines?	N	lo	
3	Have you ever or do you suffer from fits, Epilepsy?	N	lo	
4	Have you ever or do you suffer from blackouts or fainting episodes?	N	lo	
5	Do you suffer from loss of hearing?	N	lo	
6	Have you ever or do you suffer earaches, ear infections or discharge from your ear?	N	lo	
7	Have you ever or do you suffer from eye trouble ie. Eye injury, lazy eye, loss of vision due to an injury or glaucoma?	N	lo	
8	Are you colour blind?	N	lo	
9	Do you wear glasses or contact lenses? Please state for near or distance vision.	N	lo	
10	Have you ever or do you suffer from Dermatitis/eczema?	N	lo	

Questions concerning Stomach, Metabolic Health and other

	Question	YES	NO	
1	Have you ever suffered a hernia?	N	0	
2	Do you suffer from indigestion or upset stomach?	N	0	
3	Have you ever or do you suffer from passing blood or vomiting blood?	N	0	
4	Have you noticed any recent changes in bowel habit?	N	0	
5	Have you noticed a change in thirst and the number of times you urinate?	N	0	
6	Have you started waking up at night to urinate?	N	0	
7	Do you have trouble starting and stopping your urine flow?	N	o	
8	Have you noticed a change in the strength of your urine flow?	N	o	
9	Have you ever or do you suffer from Diabetes?	N	o	
10	Are you an insulin dependent Diabetic?	N	0	
11	Have you ever or do you suffer from Yellow Jaundice (hepatitis)?	N	0	
12	Have you ever or do you suffer from Malaria, Dengue Fever, Rossriver Virus or any other tropical disease?	N	0	



Statement

Section 79 of the Western Australian Workers' Compensation and Injury Management Act 1981 gives an arbitrator discretion to refuse to award compensation which would otherwise be payable where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for an injury, wilfully and falsely represented himself as not having previously suffered from the injury.

I have read the above statements. The answers are correct, and no information concerning my present or past health has been withheld

Signed:		Date: 24/11/2014
Name:	null null test test	