



PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

Fairbridge is committed to providing a safe and healthy working place for all personnel. This fundamental belief is reflected in its continuous improvement culture toward Safety and Health performance. Please complete this medical questionnaire which will inform Fairbridge of any additional support you may need to carry out your role and reach your full potential should you be successful in your application.

First name	
Last name	
Address	
Postcode	
Mobile/Phone	
Email	
Position applied for	
Date of application	
Suggested start date	

Have you ever experienced any of the following?

Conditions	Yes	No	Details
Lung conditions			
Epilepsy/Black Outs			
Skin conditions			
Serious infections			
Hearing conditions			
Chronic pain/Fatigue			
Psychological conditions			
Bone, muscle, or joint problems/conditions			

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Do you currently take medication?

Yes No

Medication	Short or Long term	Condition	Side effects	Physician

Have you or do you plan to receive surgery within the next six months?

Yes No

What kind & where?	Date	Estimated time required from work	Implications (limitations and restrictions)

Allergies

Substance	Reaction	Severity of reaction Mild – Moderate - Severe	Treatment/Emergency Response

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Do you experience pain or discomfort when?

Conditions	Yes	No	Details
Lifting/handling heavy objects			
Squatting/kneeling			
Bending forward or twisting			
Sitting for prolonged periods			
Standing for prolonged periods			

Occupational History

Have you been exposed to	Yes	No	Details
Dust			
Chemicals			
Toxins			
Irritants			
Asbestos			
Toxic metals			
Noise [(Above 85 dB (A))]			
Radiation (ionizing or otherwise)			
Other			

Have you sustained an injury that resulted in worker's compensation?

Yes No

If yes, please write the details below:

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DECLARATION

I declare that the above answers are true and correct to the best of my knowledge and understand that my information will be stored confidentially. A hard copy of this document will be stored in a secured location with the HR Department at Fairbridge Western Australia Inc. My information will also be uploaded to a secure password-protected electronic database. The information provided will only be used for the purpose of supporting me while I am employed with Fairbridge. The information collected may also be used for reporting purposes.

I, (full name).....
declare that the above answers are true and correct to the best of my knowledge and that I will, if required, reveal to the examining medical practitioner all circumstances known to me concerning my health and fitness that are relevant for appointment to the position for which I am applying. I acknowledge that the provision of incorrect information or the omission of any information regarding my health and fitness may result in the cancellation of my application or dismissal from any position in Fairbridge Western Australia Inc.

Signature	
Date	

Thank you for your contribution to our continuous improvement process.

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