

# EMPLOYEE HEALTH DECLARATION



EMERY H.R.

- Human Resource Consultants
- Executive Recruitments – National & International
- Business Support Recruitments – Permanent & Temporary
- Independent Interviewing

*As your employer, EMERY H.R. Business Support Pty Ltd, is responsible for your health, safety and welfare whilst at work. Therefore, it is important that we are aware of any condition, medical or otherwise, which may have an impact on you in the workplace. This Questionnaire is not designed as a tool to discriminate, rather to create awareness and ensure you are properly accommodated in the workplace.*

Name: .....

Daytime Telephone: .....

Please nominate the type of duties and employment you are applying for ie. Clerical, data entry:

.....  
.....

	YES	NO	If yes, please comment
<b>Are you currently receiving treatment of any kind?</b>			
• From a Doctor			
• From a physiotherapist			
• From a chiropractor			
• Other health practitioner (ie Herbalist, Acupuncturist etc).			
<b>Have you:</b>			
• Had any medical treatment in the last 6 months?			
• A current workers compensation claim?			
• Had a workers compensation claim in the last 2 years?			
• Been off work for longer than 1 month for an injury, accident or illness?			
• Ever been in hospital?			
• Ever had an operation?			
• Had a 'medical' in the last 6 months and been refused employment?			
• <b>Any medical condition you feel is relevant to your suitability for the type of work you are applying for?</b>			
<b>Have you ever had or currently have:</b>			
• Heart disease or heart attack			
• High or low blood pressure			
• Asthma or other respiratory illnesses			
• Chronic bronchitis or emphysema			
• Fits or epilepsy			
• Depression/Anxiety or other mental illness			
• Neck/back pain, slipped disc or back surgery			
• Arthritis, soreness or injury to any joints or muscles			



**WORKER'S COMPENSATION (Please circle the appropriate response)**

Do you have any pending Workers Compensation or any disability claims whatsoever?    Yes    No

If yes to the above question, please specify details of the claim made and the expected timeframe for an outcome:

Approximate Date	Name of Employer	Nature of the claim	Duration
_____	_____	_____	_____
_____	_____	_____	_____

- I certify that all information provided by me is at the time of completion true and correct to the best of my knowledge. Should any factors relating to my health and well-being change at any time in the future, whilst in the employment of EMERY H.R. Business Support Pty Ltd, it's clients or associated entities, I agree to inform all relevant parties immediately and understand this may impact on the duties I am able to perform in my employment.
- I understand that **failure to disclose** any medical conditions or injuries may result in dismissal from my temporary assignment.
- I also agree to report any incidents or injuries which occur in the workplace, immediately to the supervisor at my host employer and to EMERY H.R. Business Support Pty Ltd, as required by legislation.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**If you have any questions or concerns relating to this Declaration, please contact Kathryn Blackmore – Manager of EMERY H.R. Business Support Pty Ltd; on 4933 4100.**