

EMPLOYMENT MEDICAL QUESTIONNAIRE / DECLARATION

Candidate Information, Informed Consent, Authority to Exchange Information & Medical Questionnaire

This *Employment Medical Questionnaire / Declaration* is being performed to determine if the duties of your proposed position represent a health risk to yourself or if you would pose a health and safety risk to other workers, and includes considering your present state of health, and whether there would be a future risk of sustaining, or exacerbating an illness or injury, or affecting the safety of other workers

It is not the intention of the *Employment Medical Questionnaire / Declaration* to deny a person employment solely because of disability, illness or injury. As such, it is entirely voluntary, and you are not compelled to engage in this process.

Your *Employment Medical Questionnaire / Declaration* is required so the Paspaley Pearling Company (PPCo) or Related Entities (**'Related Entities'** means any entity connected with PPCo by an interest in a common economic enterprise, including a Related Body Corporate (as that term is used in the *Corporations Act 2001* (Cth)), may meet its duty of care and take the appropriate and reasonable action to ensure your and other workers' health, safety and wellbeing while at the workplace.

It is a condition of employment that a prospective worker can safely perform the inherent requirements of their relevant position and a failure to answer key questions may cause your application for employment to no longer be considered by the PPCo or Related Entities.

The *Employment Medical Questionnaire / Declaration* will result in an opinion being made by PPCo or by Related Entities as to your suitability for proposed / current position(s). It may also be necessary to advise your proposed workplace as to whether any modifications or limitations to your occupation or duties need to be made in order for you to safely perform your duties.

Therefore, it is critical that you understand the questions being asked are not discriminatory based but are being asked to ensure that you will not be exposed unnecessarily to a health risk or risk of injury, and that you would be able to fulfil the inherent requirements of the position you are applying for.

If a risk is considered significant, it will mean you may not be considered suitable for employment in the proposed position for which you have applied. All decisions about whether you are suitable for employment will be subject to the sole discretion of relevant management.

The persons or Related Entities who will have access to the answers you have provided in your *Employment Medical Questionnaire / Declaration*, will be, relevant PPCo persons who are involved in the employment process, and medical professionals selected by PPCo.

The storage of your records will be in accordance with PPG's *Privacy, Personnel Information and Employment Records Policy* and the *Privacy Act 1988*.

PPG and any Related Entities are not responsible for any medical / health advice given by workers or medical professionals regarding the management of any health problems found on this *Employment Medical Questionnaire / Declaration*.

SUMMARY - Please read this carefully

1. If you provide false, misleading or inaccurate information, then you may be considered unsuitable for employment with the PPG or a related entity. If you have already been employed by PPG or a related entity and it is discovered the information you provided is false, misleading or inaccurate, you expressly acknowledge and agree PPG may terminate your employment immediately.
2. This procedure is designed to prevent you being placed in a position that may put you or others in an unsafe environment, at risk of injury or exacerbate an injury you already have.
3. I consent and agree to PPG or any Related Entity to formulating an opinion as to my suitability for the proposed job, advice to job modifications or limitations required to perform the job safely, and an assessment of my future risk, including details of all medical conditions that have an impact on my occupational health and safety risk of myself and that of others.
4. I acknowledge and agree I will not hold PPG or any Related Entities responsible should there be a failure to inform me of any matter that has any relevance to my health arising from this *Employment Medical Questionnaire / Declaration*.
5. I acknowledge and agree that PPG or any Related Entities are not responsible for providing medical advice, management or treatment of any problems or health issues found on this *Employment Medical Questionnaire / Declaration*.
6. If I am unable to read or write, I confirm that this document has been read and appropriately explained to me by a person of my choosing.
7. I consent to the transfer of my medical information to a nominated medical advisor acting on behalf of PPG or any Related Entities or from my Treating Medical Practitioner(s) in order to obtain further medical information regarding my health status as required to complete this *Employment Medical Questionnaire / Declaration*
8. I hereby agree and consent to undergo a health assessment by a medical practitioner of PPG’s choosing if deemed necessary by the PPG or any Related Entities and the exchanging of medical information.
9. If required by legislation I consent to undergo a hearing test and agree to the record of audiometry being held in my personnel file.

DECLARATION

I acknowledge and confirm that I have I understood the terms and intention of this *Employment Medical Questionnaire / Declaration* Contract and I accept that completing the questionnaire correctly, forms a condition of employment with PPG and any Related Entities.

I understand that any wilfully incorrect or misleading answer or material omission which relates to any of the following questions mentioned may make me ineligible for employment, or if employed, liable to disciplinary action which may include dismissal. I understand that this pre-employment declaration may form part of my personnel file.

Name:

Acknowledged and Agreed: **Date**...../...../.....

Employment Questionnaire

Employer:		Position:	
First Name:		Surname:	
Address:			
Suburb:		Postcode:	
Mobile #		Home/Work #	
E-Mail			

Date of Birth:

Age:

Gender:

Please answer and provide details in the spaces provided. If further space is required, please attach an additional page and or any supporting documentation

Medical Questionnaire

Answer: Yes (Y) or No (N)

Provide the date you were first aware of the issue: dd/mm/yyyy e.g. 01/01/1989

Is the issue now resolved: Y / N

QUESTION	Y / N	Provide Details	Date first aware of issue DD/MM/YYYY	Is the issue resolved? Y / N
Have you in the last month or are you currently taking any over the counter medication?				
(drugs/tablets/mixtures/linctus from chemist, supermarket etc.)				
Have you in the last month or are you currently taking any medications <u>prescribed</u> by a doctor? (exclude the contraceptive pill)				
Are you taking any other drugs that you have not already mentioned including illicit or illegal drugs?				
Do you currently smoke or have you ever smoked regularly?				
If so for how long and (on average) how many per day.		How long have you smoked: Average number per day:		
Do you suffer from any abnormal shortness of breath?				
Do you have a persistent or regular cough?				
Have you ever (at any time) been diagnosed with or told by a doctor that you have asthma?				
Have you ever (at any time) been diagnosed with or told by a doctor that you have any disease of the lungs (other than asthma)?				
Do you either currently suffer from or regularly suffer from earache, discharging ears, sinusitis?				
Do you have a history deafness/hearing loss / ear disease?				
Do you drink alcohol?		Average No. of standard drinks per day: On average how many days per week do you NOT drink alcohol:		
Do you have a colour deficiency or are you colour blind?				
Do you have a family history (father. mother. brother. sister only) of heart conditions?				
Do you have high cholesterol?				
Do you have or are you being treated for high blood pressure (hypertension)?				

QUESTION	Y / N	Provide Details	Date first aware of issue DD/MM/YYYY	Is the issue resolved? Y / N
Do you wear glasses or contact lenses?				
Do you have a heart (cardiac) pacemaker or implanted defibrillator?				
Have you been diagnosed with or told by a doctor that you have a heart murmur or other heart condition other than as above?				
In the last 12 months have you suffered from chest pains?				
Have you ever been diagnosed with or told by a doctor that you have had a stroke (cerebrovascular accident) or transient ischaemic attack?				
Do you have any problems with the circulation to your legs, for example pain when walking or fluid build-up on the ankles?				
Do you experience palpitations (rapid or irregular heartbeats causing a feeling of your heart beating in your chest)?				
Have you been diagnosed with or told by a doctor that you have angina (ischemic heart disease), or heart attack (myocardial infarction)?				
Do you currently have varicose veins?				
Do you suffer from fear of heights (acrophobia)?				
Do you suffer from fear of confined spaces (claustrophobia)?				
Have you ever been advised not to do shift work, night work or any other specific work?				
Is there any reason to prevent you from flying?				
Do you currently suffer from or have you ever suffered from heat stroke, heat stress, heat intolerance or heat exertional injury?				
Have you been diagnosed with diabetes by a doctor?				
If so what type and detail management:				
Do you often feel tired, fatigued or sleepy during daytime?				
Have you been diagnosed by a doctor with sleep disorder, sleep apnea, or narcolepsy?				
Has anyone observed you stop breathing during sleep?				

QUESTION	Y / N	Provide Details	Date first aware of issue DD/MM/YYYY	Is the issue resolved? Y / N
Do you snore loudly, louder than talking or loud enough to be heard through closed doors?				
Do you have or have you ever (at any time) had any skin complaints such as dermatitis or eczema?				
Do you currently or have you suffered from cancer?				
Do you have a bleeding or clotting disorder (examples: hemophilia, blood clots)?				
Do you have or have you ever (at any time) suffered from, any severe psychiatric illness such as schizophrenia, bipolar disorder, or mania?				
Do you have or have you ever (at any time) suffered from, nervous complaints, stress, depression, or anxiety?				
Have you ever (at any time) had an illness or injury that has prevented you from undertaking your normal duties for more than a week?				
Have you ever (at any time) had a surgical operation which kept you from undertaking normal duties for more than one week? (Excluding: skin excisions, appendectomy, tonsillectomy, vasectomy, hemorrhoids tubal ligation, hysterectomy, caesarean section and other gynecological operations)?				
Have you had or do you currently have a hernia (excluding hiatus hernia)?				
Do you have any allergies (medications, foods, chemicals, fumes etc.)?				
Have you ever had any adverse reaction to workplace chemicals or substances?				
Have you ever had any adverse reaction to industrial dusts (asbestos, coal, silica, paint, grain)?				
Have you ever had any adverse reaction to industrial gases, vapours or fumes, for example welding fumes?				
Is there any condition which prevents your wearing of safety equipment (P.P.E or personal protective equipment) e.g. steel cap boots, breathing apparatus, earplugs or earmuffs?				
Do you have or have you ever (at any time) suffered from blackouts or fainting?				

QUESTION	Y / N	Provide Details	Date first aware of issue DD/MM/YYYY	Is the issue resolved? Y / N
Do you have or have you ever (at any time) suffered from dizziness (vertigo)?				
Have you suffered from a head injury or concussion that has resulted in brain damage or brain injury?				
Do you have or have you ever (at any time) suffered from epilepsy or fits?				
Have you had any amputations?				
Have you had a fracture of a bone (Except back, neck or spinal vertebrae). We will ask you about that later) or dislocation of a joint?				
Do you have or have you ever (at any time) had a shoulder injury or shoulder tendonitis?				
Do you have or have you ever (at any time) had a knee injury to the cartilage or the ligaments?				
Do you or have you ever (at any time) suffered from arthritis, gout, rheumatism, swollen, painful or stiff joints?				
Do you or have you ever (at any time) suffered from back pain or strain, sciatica or slipped disc or fractured back vertebrae?				
Do you or have you ever (at any time) suffered from neck pain, neck strain, fractured neck vertebrae or whiplash?				
Do you have or have you ever (at any time) suffered from any problems in your elbow such as golfers or tennis elbow?				
Do you have or have you ever (at any time) had problems with the tendons in the forearm or wrist including carpal tunnel?				
Do you have or have you ever (at any time) had R.S.I (repetitive strain injury) tenosynovitis or overuse syndrome?				
Are there any current health issues that you expect to restrict your work ability in the job you are applying for?				

Do you have difficulties with the following activities?

Activity	Y/N	Comment
Running 100 metres		
Climbing a ladder		
Walking on rough ground		
Sitting for 2 hours		
Kneeling / Crouching		
Lifting or bending (10kg plus)		
Standing for 2 hours		
Turning your head rapidly		
Reading ordinary print		
Concentrating		
Repetitive movements of arms		
Balance or coordination		
Working in hot or cold environments		

Do you have any pending Workers Compensation, or any disability claims whatsoever?		
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VACCINATION	Date of last vaccination (if known)
Tetanus	
Hepatitis B	
COVID - 19	

N.B. Please attach a copy of your COVID – 19 Digital Certificate or Immunisation History Statement.