

EMPLOYMENT QUESTIONNAIRE / DECLARATION

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

This questionnaire / declaration is being performed to determine if the duties of your proposed position represents a health risk to yourself or if you would pose a health and safety risk to other workers. As such, it is entirely voluntary and you are not compelled to engage in this process. The questionnaire / declaration is being undertaken as Paspaley Pearls Group (PPG) has a duty of care not to expose you or others to risk of injury or illness in its workplace. Therefore, PPG needs to ensure that a prospective worker can safely perform the inherent requirements of the relevant position and also ensure that the person would not pose a risk to the health and safety of other workers. A failure to answer key questions may cause your application to be no longer considered by PPG.

The questionnaire / declaration will result in an opinion being made by PPG as to your suitability for proposed / current position/s. It will also, be necessary, to advise your proposed workplace as to whether or not any modifications or limitations to your occupation / duties need to be made in order for you to safely perform your duties.

This questionnaire / declaration includes a consideration of whether, if taking into account your present state of health, there would be a future risk of sustaining, or exacerbating, an illness or injury, or a safety problem occurring, in relation to the proposed occupation. It is important, therefore, that you understand that the questions being asked are not for discriminatory purposes. They are being asked in order to ensure that you will not be exposed 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, and that you would not pose a health and safety risk to yourself or others in the workplace.

If a risk is considered significant, it will mean you may not be considered suitable for employment in the proposed position. All decisions about whether you will or will not be employed, will be made by PPG.

The following persons or entities will have access to the answers that you have given in the questionnaire:

PPG relevant persons; and or
Medical professionals selected by PPG

The storage of your records will be in compliance with the Privacy Act. Should your Doctor wish to access these records they may do so, following the accepted lines of medical access, which is, by written correspondence requesting a copy of your medical records along with your written and signed consent.

PPG will not be responsible for any advice regarding management of any health problems found on this questionnaire / declaration. Due to the importance of this questionnaire / declaration to your and other's health and safety at work, if you wilfully fail to provide significant information or wilfully provide false information, on the questionnaire / declaration, then your job application may be considered unsuccessful or if you have already been employed then your employment may be terminated.

Your personal information will otherwise be handled in accordance with the Paspaley Privacy Policy for Staff.

SUMMARY Please read this carefully

1. Wilfully providing false information or omitting significant information may result in you not being considered for employment or in the future being terminated from employment.
2. The entire process is designed to prevent you being placed in a position that may put you or others at risk of injury or aggravate an injury you already have.
3. I consent to providing PPG or a related entity with 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.
4. I agree to 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 declaration.
5. I agree that PPG or any related entities are not responsible for providing me any medical advice, management or treatment of any problems found on this declaration.
6. If I am unable to read or write, I confirm that this document has been read and 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 my Treating Medical Practitioners in order to obtain further medical information regarding my health status as required to complete this questionnaire / declaration.

Declaration

I, _____ declare that I have read and understood this form and points 1-7 above and agree to these conditions.

Signature: _____

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 wear glasses or contact lenses?				
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 day time?				
Have you been diagnosed by a doctor with sleep disorder, sleep apnoea, 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: haemophilia, 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, haemorrhoids tubal ligation, hysterectomy, caesarean section and other gynaecological 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 ear muffs?				
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?				

VACCINATION	Date of last vaccination (if known)
Tetanus	
Hepatitis B	

Do you have difficulties with the following activities?

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

Please comment on any answers marked as a YES:
