

MEDICAL HISTORY & HEALTH QUESTIONNAIRE

NAME:

1. As an employee of Red Source Personnel, we are concerned for your safety on the job while you undertake assignments with us. Because it is possible that you may be required to perform various tasks at different work sites, we need to know of any limitations that may affect your well being. Answering the following questions will enable us to determine which assignments you will be able to perform satisfactorily.

2. What is your general state of health? _____

3. Do you experience or have you experienced any of the following conditions of ill health? Please cross (x) the conditions that affect you:

	Yes	No		Yes	No
Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Blackouts	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Back Injury	<input type="checkbox"/>	<input type="checkbox"/>	Dermatitis	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease or Defect	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Colour Blindness	<input type="checkbox"/>	<input type="checkbox"/>	Any condition which		
Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	limits bending/lifting	<input type="checkbox"/>	<input type="checkbox"/>
RSI / OOS	<input type="checkbox"/>	<input type="checkbox"/>			

List Details if you have indicated **yes** to any of the above:

4. Please indicate if you understand what is meant by the term RSI or Occupational Overuse Syndrome (OOS).

Yes I understand

No I do not understand

If no, your consultant will be happy to explain this in full

5. *Apart from the above, have you ever experienced any injury, medical condition, disease, infection or operation that may prevent you from undertaking the work for which you are applying?

YES

NO

If YES state the nature of any such personal injury or operations:

When experienced (approx date):	
Period of absence from work:	

Name of Employer:	
Name of Medical Practitioner/Specialist:	

6. In the past five years have you received Workers' Compensation for any injury or disease?

YES

NO

If YES state the nature of any such personal injury or operations:

When experienced (approx date):	
Period of absence from work:	
Name of Employer:	
Name of Medical Practitioner/Specialist:	

7. Are you currently taking any medication which causes drowsiness, slows reflexes / reactions or impairs judgement?

YES

NO

If yes, how long will you be taking this medication?

8. Are you aware of any other reason why you may not be able to completely perform the normal duties associated with the position for which you are applying?

YES

NO

Details: _____

9. If you have or ever had a disability, what considerations need to be taken into account for your working environment?

NB: **Wilful or false representation**- *Workers Compensation and Rehabilitation Act Section 79*- "Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for a disability, wilfully and falsely represented himself as not having previously suffered from the disability a dispute resolution body may in it's discretion refuse to award compensation which otherwise would be payable."

I certify that the above information I have provided is complete and accurate. I agree to promptly notify Red Source Personnel if any of the information above changes. I agree that should it be considered by Red Source Personnel, or one of Red Source Personnel's clients, that my ability to work is affected to any degree by the use of alcohol, illegal drugs or other controlled substances, my employment may be terminated with Red Source Personnel.

In order to ensure safe work practices, I agree to undertake random drug tests at the discretion of Red Source Personnel, approval for which is given by my signature below. In the event of any work related injury or illness I give my permission for Red Source Personnel to communicate with any treating practitioners.

I confirm that the above information is, to the best of my knowledge, true and correct. I have included all relevant previous medical injuries, illnesses and operations. I understand that providing false information may result in instant dismissal.

Date: _____

Signature: _____

Witness: _____

Signature: _____