



HR03b
PRE-EMPLOYMENT HEALTH DECLARATION FORM

Employment with Capecare is conditional on the applicant completing this Pre-Employment Health Declaration Form and returning it to the Human Resources Department, prior to commencement.

APPLICANTS DETAILS

Mr / Mrs / Miss / Ms

Surname:

First Name:

Address:

Suburb:

Postcode:

Contact Information:

Home:

Mobile:

Email:

PRIVACY

The collection and processing of this information is in accordance with the *Occupational Safety and Health Act 1984 (WA)*, the *Equal Opportunities Act 1984 (WA)* and the *Workers' Compensation and Injury Management Act 1981 (WA)*.

The completed pre-employment health declaration form will be retained on your personnel file. Where employment is not taken up, for whatever reason, all documents relating to your application will be retained for seven (7) years after the finalisation of any appointment appeal and then destroyed.

Capecare may disclose some of your personal information, as applicable to an independent Medical Practitioner should Capecare require an assessment of your suitability for employment and fitness for duty. Your health declaration may also be disclosed to the WorkCover insurer should you submit a WorkCover compensation claim.

You are able to request access to the personal information that we hold about you, and request that it be corrected by contacting your Manager directly.

PRE-EMPLOYMENT HEALTH DECLARATION

Employment with Capecare is conditional on the applicant being a fit and proper person and fully able to perform all requirements of the position. When completing the pre-employment health declaration, it must be in full knowledge of the position as outlined in the position description, and selection criteria. Please read the documents carefully and discuss any queries that you may have prior to completing the form with a member of the Human Resources team.

The primary purpose of this pre-employment health declaration is to assist Capecare to ensure that no person is placed in an environment or given tasks that will result in physical or mental harm. It is not the intention of the pre-employment health declaration to deny a person employment solely because of disability or illness. The pre-employment health declaration does enable, where applicable, appropriate and reasonable action to be taken by Capecare to meet the provisions of the *Occupational Safety and Health Act 1984 (WA)* and the *Occupational Safety and Health Regulations 1996 (WA)* found at <http://www.commerce.wa.gov.au/worksafe/about-occupational-safety-and-health-act-1984>

Disclosure to your employer of any pre-existing injuries or disease that you have suffered, or existing injuries or disease that you continue to suffer of which you are aware and could reasonably be expected to foresee and could be affected by the nature of the proposed employment referred to above.

Section 2 – *Occupational Safety and Health Act 1984 (WA)* and the *Occupational Safety and Health Regulations 1996 (WA)* states that an employer shall provide and maintain, so far as practicable, a working environment for employees that is safe and without risks.

Failure to make a disclosure, or the making of a false or misleading disclosure, may result in your compensation claim being rejected should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing injury or disease arising from employment with Capecare. Capecare may rely upon any failure to disclose in accordance with the provisions of the *Occupational Safety and Health Act 1984* and the *Occupational Safety and Health Regulations 1996 (WA)* and the *Workers' compensation and injury management act 1981 (WA)* as grounds for denying compensation.

This pre-employment health declaration also assists Capecare to obtain information to enable it to meet its obligations under the *Equal Opportunities Act 1984 (WA)* to make reasonable adjustments for an employee or prospective employee in order to perform the genuine and reasonable requirements of the employment.

HEALTH DECLARATION

Personal Health History

Y N If yes, give details

- Are you currently being treated by any doctor for any illness? _____
- Are you currently taking any medications including inhalers? _____
- Do you have any allergies? _____
- Have you had any broken bones or fractures? _____
- Do you suffer from back, neck or spinal problems, including whiplash? _____
- Do you suffer from shoulder/knee/ankle problems? _____
- Have you visited a chiropractor or physiotherapist in the last year? _____
- Have you ever had an X-ray or scan of your knees/ankles? _____
- Have you ever had an X-ray or scan of your neck/back/shoulder? _____
- Does anything preclude you from wearing/using PPE? _____
- In the last two years have you lost time from work due to an illness/injury? _____
- Do you suffer or have you ever suffered from a repetitive strain injury? _____
- Is there any history of serious illness or disease in your immediate family? _____

Do you...?

Yes No

- Engage in regular exercise
- Smoke or have ever smoked. If yes, number of cigarettes (per day): _____
- Drink alcohol? If yes, average number of standard drink per week _____
- Have an illness or injury not stated above.

If yes, provide details: _____

Immunisation / Vaccination History

Have you been vaccinated for the following? For relevant positions, you may be required to provide evidence of a current immunisation record as part of the recruitment process.

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | Don't Know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Measles, Mumps, Rubella (MMR) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Varicella (Chicken Pox) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Pertussis / Tetanus (dTpa) |



HR03b
PRE-EMPLOYMENT HEALTH DECLARATION FORM

Have you, or are you willing to receive the seasonal influenza vaccination? Y N
If no, please give details:

Do you have, or have you ever had the following? (Please tick box)

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

If you have answered yes to any of the above, please give details:

Do you have difficulty with any of the following?

Yes	No	Yes	No
<input type="checkbox"/>			

Do you have or have you ever had any other condition not mentioned that may impact your ability to safely perform the duties required of you?

DECLARATION:

To the best of my knowledge, all information within this Health Assessment Form is correct and complete. I declare that I understand that the company reserves the right to verify all information provided within this self-assessment and any false information or misleading statements will be considered cause for my rejection as an application or my dismissal, if hired.

Name

Signature

Date