

Pre-employment Health Declaration Form

This form is required to inform VAGO of any existing or pre-existing health conditions that new starters may have that could impact their ability to perform the inherent requirements of their role, and to assist in the planning for any reasonable adjustment of work spaces/tasks.

Personal details

Given name(s)

Surname

Position title

Group

Telephone number

When completing the pre-employment health declaration it must be in full knowledge of the role as outlined in the position description. Read this form, your position description and the [Pre-employment Screening Policy](#) carefully and discuss any queries that you may have with your manager or Human Resources prior to signing and submitting this form.

Are you aware of circumstances regarding your health, or capacity to work, that could interfere with your ability to perform the duties of the proposed employment? Yes No

This includes consideration of full time vs. part time hours. If answering yes, when providing further detail please include any reasonable adjustment/s that could accommodate you in performing these duties.

If yes, please provide details:

Have you had an existing or pre-existing injury or disease which could be affected by the nature of proposed employment, or you could reasonably be expected to foresee could be affected by the nature of the proposed employment? Yes No

Existing is a condition for which treatment is currently being received, pre-existing is where an injury or condition is present but treatment is not required.

If yes, please provide details:

Are you required to take medication which may affect your ability to perform the duties of the proposed employment, attendance at work or provide risk to your health and safety or the health and safety of others in the workplace? Yes No

If answering yes, when providing further detail please include any reasonable adjustment that could accommodate you in the workplace.

If yes, please provide details:

Do you have any known allergies to medications, foods or other substances? Yes No

If yes, please provide details:

Are there any other factors, relating to an existing or pre-existing injury or disease, which you consider could provide risk to your health and safety or the health and safety of others in the workplace? Yes No

If answering yes, when providing further detail please include any reasonable adjustment which could be considered to accommodate you in the workplace.

If yes, please provide details:

Do you have difficulty or restrictions with any of the below activities:

- | | |
|--|--|
| <input type="checkbox"/> Walking 500 meters | <input type="checkbox"/> Crouching |
| <input type="checkbox"/> Standing for two hours | <input type="checkbox"/> Gripping firmly with both hands |
| <input type="checkbox"/> Lifting or bending | <input type="checkbox"/> Using hand tools |
| <input type="checkbox"/> Reading ordinary print | <input type="checkbox"/> Hearing a normal conversation |
| <input type="checkbox"/> Sitting for two hours | <input type="checkbox"/> Turning your head rapidly |
| <input type="checkbox"/> Repetitive movements of the hands or arms doing | <input type="checkbox"/> Concentrating on what you are doing |

If yes, please provide details

Have you had exposure to any of the following in past employment

- Loud noises/explosives/gunfire Radiation
 Asbestos Dust
 Chemicals

If yes, please provide details

Declaration

In completing this form, I have reviewed and considered my position description and [VAGO's Pre-employment Screening Policy](#).

I declare that every answer that I have provided is true to the best of my knowledge and belief.

I understand that failure to disclose any existing or pre-existing injury or disease of which it can be proved I was aware, or the making of a false or misleading disclosure, may not entitle me to compensation in the event of any recurrence, acceleration, exacerbation or deterioration of the pre-existing injury or disease arising out of or in the course of, or due to the nature of employment.

I understand that any false or misleading information may result in disciplinary action under the VPS Enterprise Agreement 2016, which may include termination of employment.

I understand that VAGO may be required to disclose some of my personal information, or this health declaration, to an independent medical examiner should an assessment of your suitability for employment and fitness for duty be required.

I also understand that this health declaration may be disclosed to VAGO's workers compensation insurer should I submit a claim for workers' compensation.

Printed name:

Signed:

Date:
