MEDICAL SCREENING QUESTIONNAIRE

Name:						
Address:						
Date of Birth:	Age					
				Yes	No	
To the best of your knowledge and belief are you	ı of sc	ound	health?			
If no, please give details.				<u> </u>		
71						
Have you ever had any of the following;						
Medical Condition	Υ	N		Details		
	es	0				
Allergies eg. Drugs, food, etc						
Epilepsy						
Heart Disorder						
High Blood Pressure						
Tuberculosis						
Diabetes						
Asthma, Bronchitis, Pneumonia						
Nervous Disorder						
Eczema, Dermatitis, Skin Disorders						
Severe Headaches, Migraines						
Recurrent Sore Throats, Sinusitis						
Ear Infections, Deafness						
Kidney Trouble, Urinary Infection						
Back Trouble, Rheumatic or Joint Pain						
Varicose Veins						
Hernia						
Is your eyesight satisfactory? Do you wear						
glasses						
Are you on any prescription medication?						
Have you any condition requiring Hospital						
treatment?						
Have you stayed away from work or school						
in the last year? If so why and how long?						
Have you been immunised against:						
Smallpox						
Tetanus						
Diptheria						
Typhoid						
Polio			ļ			
Tuberculosis			 			
Hepatitis B			 			
Have you ever been screened for MRSA?			<u> </u>			

		Yes	No				
- Require modifications to the job							
- Affect your work performance				_			
- Be aggravated							
by the type of work for which you are apply	ing?						
		Yes	No				
Have you ever had a disability or injury, which could recur by the type of work for which you are applying?							
Have you ever made a claim for Workers Compensation?							
If yes please give details:]			
Type of Injury for Claim	Employer	Year					
	· · ·			_			
				.			
				.			
				.			
I declare to the best of my knowledge and belief that the above information is true and correct and that I have not withheld any relevant information.							
Signatur	Date:						
e:							

IMPORTANT NOTE:

Do you have a Disability which may:

Section 79 of the Workers Compensation and Rehabilitation Act 1981 gives the Workers' Compensation and Review Directorate discretion to refuse to award compensation which would otherwise be payable, where it is proved that the worker has at the time of seeking or entering employment, wilfully and falsely represented themselves as not having previously suffered from the disability, the subject of the claim for compensation.