

STAFF MEDICAL INFORMATION FORM

The information you supply will ensure that the environment in which we place you at work will not endanger your personal health. It will also ensure that if something happens to you we will have the appropriate information on hand to assist with your emergency medical treatment. Any misleading or false information can make assessment difficult and may result in failure to be offered suitable employment duties.

Name.....Phone.....

Emergency Contact Name.....Phone.....

Family Doctor Name.....Phone.....

Please circle (YES/NO) to the following:

Do you have a current or previous injury/illness/condition (including motor vehicle or sports accident or work related) that can affect your ability at work, which JHA &/or medical practitioners should be aware of? If Yes, Details:	Yes	No
Date:		
Treatment:	Is treatment continuing?	Yes No
Do/have you previously suffered from sensitivity to chemicals, dust or have/had other allergic reactions?	Yes	No
Do you have allergies to medications/food/other substances?	Yes	No
Do you take any drugs, tablets or medications on a regular basis which JHA &/or medical practitioners should be aware of?	Yes	No
Do you suffer from vertigo or issues with heights or confined spaces?	Yes	No
Is there any physical reason why you cannot wear safety or personal protective equipment?	Yes	No
Are you aware of any circumstances regarding your health which may prevent you from performing all the duties of the position for which you applied or for other positions you may be considered for?	Yes	No

If 'YES' to any of the above questions, please give details (below).

Other positions, which may become available through JHA, other medical or health issues may need to be considered. These areas will be covered when completing a JHA Pre-Employment Medical Assessment.

Do you have/ have you ever had any of the following medical problems/conditions/illnesses?

Heart Condition, Chest Pain or Heart Palpitations	Yes	No	Mental Illness or Psychiatric Treatment	Yes	No
High or Low Blood Pressure	Yes	No	Hernia	Yes	No
Lung/ Respiratory Disorder inc Asthma/Bronchitis	Yes	No	Current Infectious Disease	Yes	No
Kidney, Bladder or Urinary condition	Yes	No	Allergies	Yes	No
Liver or Gall Bladder Problems	Yes	No	Nervous Disorder	Yes	No
Skin Disorder	Yes	No	Fits, Faints, Epilepsy or Seizures	Yes	No
Diabetes or Thyroid Problems	Yes	No	Stomach or Bowel Problems	Yes	No
Scoliosis	Yes	No	Have you ever been admitted to Hospital?(Illness/Accident/Surgery)	Yes	No

Please indicate if you have ever had a strain/sprain/bone/joint/soft tissue injury of the following:						
			Year	Cause (eg work/sport/accident)	Type (eg fracture/sprain)	
Neck or Back	Yes	No	_____	_____	_____	
Hip/Knee/Thigh	Yes	No	_____	_____	_____	
Ankle/Foot/Calf	Yes	No	_____	_____	_____	
Shoulder/Elbow	Yes	No	_____	_____	_____	
Wrist/Arm	Yes	No	_____	_____	_____	
Hand/Fingers	Yes	No	_____	_____	_____	

Manual Handling, Postures and Repetitive Actions; and position specific			
Have you ever had formal training in manual handling?	Yes	No	
Have you been employed in a position that involves sustained postures and/or repetitive arm/hand/finger movement?	Yes	No	
Have you been employed in a position that involves repetitive and/or heavy lifting or manual handling?	Yes	No	
Are you a confident swimmer?	Yes	No	

Have you had any exposure to the following in your past jobs?					
Loud noise/gunfire/explosives	Yes	No	Asbestos	Yes	No
Radiation	Yes	No	Dust	Yes	No

If 'YES' to any of the above questions, please give details (below).

ACKNOWLEDGMENT & DECLARATION

I am aware of position requirements as described to me by a JHA representative and hereby declare (please tick):

- The information I have given on this form is true and complete to the best of my knowledge and I hereby authorise JHA to discuss any of these issues with a medical practitioner or relevant parties if required.
- I am/am not aware of any health condition/factors that might interfere with my ability to perform the requirements of this position. Any such factors have been disclosed on this medical information form.
- I am aware that some positions are subject to formal physical assessment, which rates physical capabilities relative to a position on a scale from acceptable through to high medical risk. Where the assessment rates moderate to high medical risk, I understand that I will no longer be deemed suitable to commence or continue in that position – for which the physical assessment applied.

Name: _____ Signature: _____ Date: _____

Witness Name: _____ Signature: _____ Date: _____

EMPLOYEE BANK & SUPERANNUATION DETAILS

PERSONAL DETAILS
Name:
Phone No: (home) (mobile)
Please supply email address for payslips and correspondence
If you do not have an email address please contact JHA and we will assist you to set one up.
Date of Birth:/...../.....

SUPERANNUATION
If you do not provide us with your existing superannuation details or you do not have a superannuation fund, we will pay your superannuation to Recruitment Super.
Your existing Superannuation Fund Membership No:
Your Superannuation Fund name:
Self Managed Fund – YES <input type="checkbox"/>
For a self managed fund, please provide copies of documentation along with your account details for where superannuation payments are to be made.
Bank Account Details: BSB No.Account No.....
Name of:.....
CBUS Member: If you have an existing CBUS Superannuation membership, please provide number here.
CBUS Membership No:.....

BANK ACCOUNT DETAILS

I hereby authorise and request JHA to credit payments to my account as indicated below:

Name of Bank, Building Society or Credit Union: <i>WESTPAC</i>
Name of Branch: <i>BYRON BAY</i>
Name on Account: <i>JED FLYNN</i>
Branch No./BSB: <i>062 - 519</i> (must have 6 digits)
Account No: <i>00624125</i>
<i>sample only</i>

Name of Bank, Building Society or Credit Union:
Name of Branch:
Name on Account:
Branch No./BSB: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Account No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>