

Medical Questionnaire

Name		Date	
Intro Recruitment Solutions must be informed of any pre-existing medical conditions or injuries before you commence work. This questionnaire is designed to provide opportunities for you to perform well (not exclude you from work).			
		Signature	
Have you ever had difficulty wearing personal protective equipment?			Yes / No
If yes, provide details:			
Do you suffer from any allergies? (food, dust, wood, animals, cleaning agents)?			Yes / No
If yes, provide details:			
Have you had your hearing tested?			Yes / No
If yes, provide details (date, results):			
Have you ever claimed compensation for hearing loss?			Yes / No
If yes, provide details (date, cause):			
Have you ever suffered from (or are you suffering from) any injuries or conditions as a result of an accident (either privately or at work) e.g. motor vehicle accident, third party, WorkCover claim?			Yes / No
If yes, provide details:			
Have you ever had a work related injury?			Yes / No
If yes, provide details (i.e. WorkCover claim):			
Have you had any x-rays, scans or MRIs in the past two years?			Yes / No
If yes, provide details:			
Are you currently being treated for any illness or disease?			Yes / No
If yes, provide details:			
In the past two years have you had time off work because of an illness or injury?			Yes / No
If yes, provide details:			
Are you currently on any medication?			Yes / No
If yes, provide details:			
Do you participate in regular exercise?			Yes / No