**EMPLOYEE HEALTH QUESTIONNAIRE**

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| --- | --- |
| **Given Names:** | **Surname / Last Name:** |

**Section One (please tick)**

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| --- |
| **Have you ever had, or do you experience any of the following?** Please tick yes or no, below.**Yes No Yes No Yes No** |
| Hepatitis B |  |  | Asthma |  |  | Joint Injury |  |  |
| Hepatitis C |  |  | Blackouts / Seizures |  |  | Soft Tissue Injury |  |  |
| Tuberculosis |  |  | Diabetes |  |  | Contact Dermatitis |  |  |
| Hearing Condition |  |  | Hernia |  |  | Irritating Skin Condition |  |  |
| Visual Impairment |  |  | Back strain / injury |  |  | Frequent / Severe Headaches |  |  |
| Pain / Discomfort / Restricted Mobility |  |  |  |
| Please provide details of any of the above: |

I declare that I have read and understood the above and confirm that all information that I have provided to Naki Labour Hire is true, accurate and complete.

**Section Two (please tick) Yes No**

|  |  |  |
| --- | --- | --- |
| Have you ever had, or do you experience any stress related illness? |  |  |
| Do you have any physical or mental condition which could be aggravated by stress? |  |  |
| Do you have allergies or any sensitivity to any substances or chemicals? |  |  |
| Are you taking any drugs or medication? |  |  |
| Have you suffered any gradual process injury? |  |  |
| Have you ever made a claim for personal injury with ACC? **(provide details)** |  |  |
| How long over your work history (continuous basis) have you been exposed to noise?**(please specify length of time and type of noise e.g. 1 year, power tools)** |  |  |
| Have you had any issue with your hearing as a result? |  |  |
| Do you have any medical conditions or disabilities, or are you receiving any medical treatment which may affect your ability to carry out work safely? **(e.g. heart condition / hearing loss)** |  |  |
| **If you answered YES to any of the above, please provide more details and does this affect your ability to carry out work safely:** |

**Candidate Signature: Date:**