|  |  |
| --- | --- |
| **Pre-Employment Health Check Form**  **(HS-FM-01)** | |
|  | |
| **POSITION DETAILS** | |
| **Position applying for:** | Communications Officer |
| **Date of application:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | |
| **Surname:** |  | **Given name(s):** |  |
| **Residential address:** |  | | |
| **Preferred phone:** |  | **Email address:** |  |

|  |  |
| --- | --- |
| **MEDICAL RISK FACTORS FOR THIS POSITION** | |
| Driving |  |
| Keyboard, mouse work |  |
| Extended periods of sitting |  |
| Extended periods of walking |  |
| Lifting objects greater than 15kg |  |
| Hearing protection |  |
| Working with chemicals |  |
| Extended exposure to the sun |  |
| Working under pressure, with conflict and tight deadlines |  |

|  |
| --- |
| **APPLICANT MEDICAL DISCLOSURE** |
| In considering the aforementioned medical risk factors of this position (as indicated with a cross), I provide the following disclosures relating to my health and wellbeing: |
|  |
| *Disclosure can include, but is not limited to: dates, frequencies, medications for illness, injuries, diseases, workers compensation history, significant personal accidents and similar.* |

|  |  |
| --- | --- |
| **SIGNED BY APPLICANT** | |
| *I hereby declare that the information provided in this Pre-Employment Medical Form in relation to my health and wellbeing is true and accurate at the time of lodgement as indicated by the date below. I acknowledge that failure of full disclosure in this form, in the event I was the successful applicant, could result in the termination of my employment as I will have frustrated the agreement by way of dishonesty and breakdown of trust.* | |
| **Applicant signature:** |  |
| **USAGE OF INFORMATION DISCLOSED** | |
| The Cradle Coast Authority (CCA) is committed to continuously improving the management and standards of workplace health and safety. The CCA is equally committed to giving employment opportunities to people with disabilities and prior health issues. The CCA will provide reasonable accommodation for persons with disabilities and/or health issues to enable participation in activities where safety requirements are not compromised.  If there are concerns of an applicant’s capacity to fulfil the inherent requirements of the position and you are the preferred candidate, you will be assessed by a Medical Practitioner. You will only be denied employment where the Medical Practitioner determines that you are unable to fulfil the inherent requirements of the position or the modifications required for you to fulfil the role would be deemed unreasonable. | |