

**Pre-employment Workplace Health and Safety Declaration**

Please complete the following sections:			
1.	Do you have any pre-existing injuries or physical impairment that directly impacts on your safety at work or adversely on your normal work duties? <i>Please note the ability to lift and bend very frequently without restriction is a normal part of duties. Do you have a pre-existing lower back, shoulder, neck, or joint problems (such as arthritis)?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Detail: If Yes, provide details			
2.	Do you have any medical conditions or infectious diseases that could be affected by the nature of the proposed employment or impact your ability to perform the duties of the position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Detail: If Yes, provide details			
3.	Your work may involve the use of Personal protective equipment [such as: Face masks, hand washing detergents &, latex gloves. Do you have allergies to any of these products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Detail: If Yes, provide details			
4.	Have you ever worked with any substances or in any conditions which may have been hazardous to your health (e.g., asbestos exposure, toxic chemicals, stressful or noisy environments) and may impact your ability to perform the duties of the position and for which you need a modified workplace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Detail: If Yes, provide details			
5.	Do you have a current or any previously accepted Workers Compensation Claims?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Detail: If Yes, provide details			
6.	To ensure your safety at work Torrens Health respectfully asks if you are currently taking or required to take medication which may impact on your ability to perform the duties of the position? or Are you Pregnant? #Please note this information is retained on your personnel file and is accessed only if there is an emergency at work. Should you fall ill at work Torrens Health will check your file for these conditions on file, so you receive prompt medical assistance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Detail: If Yes to Question 6, Please provide details for your personal Torrens Health file. <i>If you become pregnant you must inform Torrens Health so we do not place you at sites that could compromise your safety.</i>			

IMPORTANT

If you have a pre-existing injury or untreated communicable medical condition as described above in questions 1,2 & 6, we will review your application for employment, to ensure Torrens Health is offering you safe work. The relevant Operations / General Manager may refer this to the Torrens Health National Manager HSE before an offer of employment is made.

For Victorian Employees: Section 41(1) and 41(2) of the Workplace Injury Rehabilitation and Compensation Act 2013, requires disclosure to your employer of any pre-existing injuries or disease that you have suffered, or existing injuries or disease that you continue to suffer of which you are aware and could reasonably be expected to foresee, and could be affected by the nature of the proposed employment referred to above.

Section 21 of the Occupational Health and Safety Act 2004, states that an employer shall provide and maintain, so far as practicable, for employees a working environment that is safe and without risks.

Failure to make a disclosure, or the making of a false or misleading disclosure, may disentitle you to compensation pursuant to the Workplace Injury Rehabilitation and Compensation Act 2013 should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing injury or disease arising from employment

I declare:

That the answers to the above true and correct to the best of my knowledge: and I will be obligated to observe and respect such terms and conditions of my employment and such policies and rules as advised to me by the Agency.

Name: _____ Sign: _____ Date: _____ State: _____

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