

EMPLOYEE HEALTH QUESTIONNAIRE

Given Names:	Surname / Last Name:
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Section One (please tick)

Have you ever had, or do you experience any of the following?		Please tick yes or no, below.							
	Yes	No		Yes	No		Yes	No	
COVID 19			COVID Vaccine (One)			COVID Vaccine (Both)			
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:									

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:		

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.

Candidate Signature: _____ Date: _____

