

# Pre-Employment WorkCover Questionnaire



From time to time, Colbrow Healthcare may offer you work which involves some or all of the working conditions set out below:

- Sitting for prolonged periods more than 30 minutes
- Twisting back more than 20 degrees
- Bending the back forwards or sideways more than 20 degrees
- Squatting for periods of longer than 15 minutes
- Carrying with one hand or one side of the body periods longer than 5 minutes
- Latex Glove Allergy
- Carry first aid back pack ( weight approx 6 kgs ) periods longer than 5 minutes

You are required by law to disclose all pre-existing injuries and diseases which could be affected by the nature of the proposed employment, including the working conditions listed above.

If you fail to make this disclosure, or your disclosure is false or misleading, **Section 82(7&8) of the Accident Compensation Act 1985**, as amended, may apply and you may not be entitled to compensation for any recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing injury or disease arising out of, or in the course of, or due to the nature of your employment with this organization.

Set out below is a list of types of injuries and diseases which may be affected by the nature of your employment with us.

If you have suffered from any of these conditions, you should circle yes and provide us with detailed information about the condition in the space provided. At the bottom of the list, you should fill in any other injury or disease which may be affected by the nature of your proposed employment: *(please circle)*

Tuberculosis	YES	NO	.....
Wheezing / Bronchitis / Asthma	YES	NO	.....
Diabetes (sugar)	YES	NO	.....
Blood Pressure or Heart Disease	YES	NO	.....
Stomach Pain Ulcers	YES	NO	.....
Excessive Noise Exposure / Loss of hearing	YES	NO	.....
Skin Disorder / Dermatitis	YES	NO	.....
Chronic Ear Infection	YES	NO	.....
Fits or Blackouts or Dizziness	YES	NO	.....
Epilepsy	YES	NO	.....
Head Injury / Concussion	YES	NO	.....
Hernia	YES	NO	.....
Allergies	YES	NO	.....
Back / Neck problems / injury	YES	NO	.....
Wrist / Elbow problems / injury	YES	NO	.....
Ankle / Knee problems / injury	YES	NO	.....
Stress / anxiety / depression	YES	NO	.....
Other Injuries (provide details)	YES	NO	.....

*WorkCover Legislation requires that all persons MUST ensure they take reasonable care for their own health and safety and for the health and safety of anyone else who may be affected by their acts or omissions at the work place.*

Signed: ..... Date: .....