This information is required for the purpose of assessing your suitability for the applied role. The relationship between work and health is two-way; we need to ensure, as much as we can, that our people are not harmed by their work in any way. We also need to ensure that their health does not impact on their ability to undertake their work and minimise any risk that an impairment could put their own health at risk, or that of their colleagues or patients in their care.

We collect personal information from you, including information about your name and medical information. This information is collected from you to assess suitability for the role applied for. Providing some information is optional. If you choose not to enter or provide information, our assessors will provide recommendations to the recruitment team based on the information provided. This may mean we cannot process your application further as we may not have enough information.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you would like to ask for a copy of your information, or to have it corrected, please contact us at \*organisation’s email.

All health information will be handled in strictest confidence in accordance with the organisation’s Privacy Policy. Our organisation’s Occupational Health Services Team or independent Occupational Health provider will have access to information provided as will the Recruitment Experience Team. If you are accepted into the organisation the information will be retained on your file and may be used and /or disclosed for the purpose of ensuring you maintain your health while a member of the organisation.

The organisation consider information provided in this health questionnaire to be valid for **12 months**. After this time, or if anything changes, a further questionnaire must be completed.

Please read each question carefully and answer it accurately.

Please familiarise yourself with the Medical Standards.

Once you have completed this health declaration email it to \*organisation’s email.

If there are any changes to the information disclosed here, during the course of the recruitment process, please notify by email to \*organisation’s email.

You may be asked to provide additional information regarding health issues declared on the form. This may be from yourself or a medical provider. Your ability to provide this information will help facilitate the assessment process.

False or misleading information or answers, or wilful suppression of facts may result in this application being declined, and may subsequently result in dismissal from appointment with the organisation.

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**Health questionnaire**

**Instructions**

**1**

**2**

**3**

**4**

**5**

**6**

**Applicant details**

Full name

Date of birth

Contact number

Email address

GP/Medical centre

Location of position

Position applied for

Hiring manager

**If existing member, enter Member ID and role here:**

Member ID

Primary role

Other Please detail

**I have reviewed the organisation’s Medical Standards and believe I meet these standards.**

Any cardiovascular condition (e.g. heart condition, or blood pressure problem etc)

Health questionnaire **|** Page **2** of **6**

**Medical questions**

The organisation is required to assess your medical suitability for the applied role. This involves confirmation that your health does not impact on your ability to undertake the role in addition to minimising risk that an impairment could compromise your own health, or that of your colleagues, patients, or the general public.

*Our assessors rely heavily on the information you provide in this form to assess your suitability to the role applied for, and to assess safety risks, it is therefore important that you have familiarised yourself with the Medical Standards.*

**3**

No (specify below) Yes

**2**

**If you use medication regularly or intermittently, please provide details below:**

*This is important, as drug screening is required in the application process.*

**1**

**Do you have, or have you had, any of the following:**

*If answering* ***yes*** *to any of the following, please provide details including diagnosis, duration, treatment, medication and indicate any resulting disabilities for each condition in the box below.*

**Condition Relevant Medical**

**Standards section**

Any neurological or related condition (e.g. epilepsy, seizures, loss of consciousness, migraines, strokes, etc)

Two

No Yes (specify below)

Three

No Yes (specify below)

Diabetes

Four

No Yes (specify below)

Locomotor conditions (e.g. musculoskeletal condition that inhibits movement)

Five

No Yes (specify below)

Condition which affects vision, or deteriorated vision, in either eye

Six

No Yes (specify below)

Hearing difficulties (including tinnitus), or requiring hearing aids/implants

Seven

No Yes (specify below)

Mental disorder (e.g. mental health condition or illness)

Eight

No Yes (specify below)

Respiratory conditions (e.g. asthma, or breathing problems)

Ten

No Yes (specify below)

Cancer

Ten

No Yes (specify below)

Serious injury (e.g. head injury)

Two, Thirteen

No Yes (specify below)

Severe allergies (e.g. food, medicine, beestings, any that could cause anaphylaxis)

No Yes (specify below)

Skin conditions (e.g. dermatitis, psoriasis)

No Yes (specify below)

***Details:***

Health questionnaire **|** Page **3** of **6**

**Health questions**

The following questions enable our assessors to identify your suitability to the roles within the organisation which require the functional ability to lift, carry, pull, push, and hold positions for sustained periods of time. Frontline roles are also exposed to traumatic events which could impact their mental wellbeing.

*If answering* ***yes*** *to any of the following questions, please provide details including diagnosis, duration, treatment, medication, and whether there are any resulting disabilities affecting ability to work.*

**7**

**Have you ever been suspected, diagnosed, or treated for substance use issues (e.g. drugs, or alcohol)?**

No Yes (specify below)

**6**

**Have you ever been suspected, or diagnosed, with a mental health condition?** *This includes any psychological, psychiatric, or mental disorder such as depression, anxiety, post traumatic stress disorder, phobia, or suicidal ideation.*

No Yes (specify below)

**5**

**Do you have any problems with your ability to push, pull, carry, lift, kneel, walk, stand for long periods, sit for long periods, or hold sustained position for long periods which have not already been disclosed?**

No Yes (specify below)

**4**

**Do you have any musculoskeletal problems (e.g. back, joint pain, bone conditions, repetitive strain injuries, issues with mobility)?**

No Yes (specify below)

Health questionnaire **|**

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**Immunisation questions**

Roles which require patient contact may expose you to communicable diseases and also to patients whose immunity is compromised. \**The organisation fund immunisation for Influenza, Hepatitis B, Diphtheria, Tetanus, Pertussis, and COVID 19 for roles with patient contact.*

**TB screening questions**

**11**

**Answer the following if you were born in, have worked in, or recently visited a high TB prevalent country\***

*\*High prevalent countries include the following: Angola, Bangladesh, Brazil, Cambodia, China, Congo, Central African Republic, D PR Korea, DR Congo, Ethiopia, India, Indonesia, Kenya, Lesotho, Liberia, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Papua New Guinea, Philippines, Russian Federation, Sierra Leone, South Africa, Thailand, the United Republic of Tanzania, Viet Nam, Zambia, and Zimbabwe.*

**Do you have:**

A bad cough which has lasted 3 weeks or longer

No Yes

Pain in the chest

No Yes

Cough up blood or sputum

No Yes

Generalised weakness or fatigue

No Yes

Weight loss/loss of appetite

No Yes

Chills, fever, or night sweats

No Yes

**10**

**Please answer the following:**

Are there any medical or religious reasons why you cannot be immunised?

No Yes (specify below)

Are you a carrier of any blood borne virus (e.g. Hepatitis, HIV)?

No Yes (specify below)

*Details if answered* ***yes****:*

**9**

**Please advise which of the following conditions you have been immunised for, or have immunity to:**

*Note, this is self certification so if you are unsure please select No.*

Polio

No Yes

Pertussis (Whooping Cough)

No Yes

Tuberculosis

No Yes

Tetanus

No Yes

Measles, Mumps, Rubella (MMR)

No Yes

Hepatitis B

No Yes

Varicella (Chickenpox)

No Yes

COVID-19

No Yes

Diphtheria

No Yes

Influenza

No Yes

**8**

**Do you have a condition, or are you required to take medication, which reduces your immunity?**

*The role may require you to transport and provide care to patients with infectious conditions, or diseases. It is therefore important that you outline any condition or medication which may reduce your immunity.*

No Yes (specify below)

Health questionnaire **|**

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**General questions**

*Certain roles require a significant amount of clinical based learning, assistance can be provided with learning requirements.*

**15**

**Is there any other health-related information that you consider to be relevant to the role you are applying for/your role which has not been disclosed already?**

No Yes (specify below)

**14**

**Do you have any specific learning needs (e.g. dyslexia, literacy challenges, cognitive deficit)?**

No Yes (specify below)

**13**

**Do you have, or have you had, any of the following**

Ill effects from shift work

No Yes (specify below)

Any conditions associated with excessive daytime sleepiness

(e.g. Obstructive Sleep Apnoea, Chronic Fatigue Syndrome, Fibromyalgia, or Narcolepsy)?

No Yes (specify below)

Any other reasons why you may have difficulty undertaking shift work?

No Yes (specify below)

**12**

**Are you a current smoker?**

*Please note that our organisation is a smoke-free workplace and can support with smoking cessation programmes. Please indicate whether you are interested in more information about these.*

No Yes (specify below)

Health questionnaire **|**

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**Applicant acknowledgement**

I declare that the information that I provide on this form is true to the best of my knowledge. I understand that failure to provide information, providing incorrect information, unreasonably refusing to undergo tests, or unsatisfactory test results may result in the offer of appointment being withdrawn by the organisation, or if appointment has commenced my appointment being terminated.

I agree to inform the organisation (my Manager and/or the Occupational Health Services team) promptly if I develop a medical condition, experience a significant change in a pre-existing medical condition, or require treatment including medication during the term of my appointment which could adversely affect my work performance, or the safety of myself or others at work.

Where required, I consent to have my health monitored and provide periodic medical reports from my healthcare providers for the duration of my appointment with the organisation. I agree to undertake appropriate tests (e.g. vision, hearing, urine or blood tests) with appropriate explanation as to the reason.

I agree that the organisation may seek additional relevant information from any other treatment providers I have seen, (details supplied) and those providers may disclose that information to the organisation.

I understand that by signing this appointment application form I authorise the organisation to access any relevant information (including information held by other agencies) relating to the pre-placement health assessments and drug and alcohol screens where this is deemed necessary for the purpose of a:

* Disciplinary process and/or investigation relating to the provision of information during the pre-appointment medical assessment: and/or
* Medical examination and/or medical disengagement/termination process.

I acknowledge and agree that my personal and health information disclosed here and subsequently, will be used and generally dealt with as set out in the [organisation’s Personnel Privacy Notice](https://stjohnnz.sharepoint.com/sites/PoliciesDocument/Shared%20Documents/Forms/All%20Docs.aspx?FilterField1=Area&FilterValue1=People%20%26%20Organisational%20Strategy&FilterType1=Choice&FilterDisplay1=People%20%26%20Organisational%20Strategy&FilterField2=Subarea&FilterValue2=HR%20Advisory%20-%20BP%20%26%20Reward&FilterType2=Text&FilterDisplay2=HR%20Advisory%20-%20BP%20%26%20Reward&viewid=e88c019e-2e92-4a6e-b95d-2a9a9d663ebf&id=/sites/PoliciesDocument/Shared%20Documents/People%20%26%20Organisational%20Strategy/HR%20Advisory%20-%20BP%20%26%20Reward/2021.12.13%20Personnel%20Privacy%20Notice.pdf&parent=/sites/PoliciesDocument/Shared%20Documents) and the public facing the organisation’s Privacy Notice, in accordance with the organisation’s Personnel Privacy Policy.

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Full name of applicant

Signature of applicant

Date