



TASWORKHEALTH

**OCCUPATIONAL HEALTH
REHABILITATION
AND
INJURY MANAGEMENT
SERVICES**

**Dr. John O'Sullivan
& Associates**

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HEALTH ASSESSMENT QUESTIONNAIRE

The information given by you in this questionnaire is confidential. It is designed to help with the assessment of your health to ensure that you can carry out your duties without risk to yourself and others.

.....

Surname	Given Names	Date of Birth
.....	
Home Address	Telephone No.	
.....		
Name, Address, Telephone No. Next of Kin		
.....		
Usual Medical Practitioner	Address	

1. Are you presently in good health?..... Y/N
2. List any medications you are taking (including non prescription drugs)
.....
3. Do you use recreational drugs apart from alcohol and tobacco? Y/N
4. Have you had a tetanus injection in the past 10 years? Y/N
5. Have you ever been involved in an accident of any type? If yes give details. Y/N
.....
.....
6. How much tobacco do you smoke each day? (If ex smoker when did you cease).
.....

Occupational History

Please list former occupations.

Dates		Name of Employer	Nature of Work
From	To		
1.			
2.			
3.			
4.			
5.			
6.			

1. Have you ever suffered any disease or condition caused by your work?

Yes/No

2. Are you aware of any problem with your hearing or any other ear problem?

Yes/No

I declare that the answers given in the above questionnaire are to the best of my knowledge. I authorize the Company Doctor (Dr. J. O'Sullivan) to make available details of my health questionnaire and medical examination to authorized Company personnel on request.

Applicants signature

Witness

Place & Date