

# ASSEMBLE.

## Medical Questionnaire

Name	Date
------	------

ASSEMBLE must be informed of any pre-existing medical conditions or injuries before you commence work. This questionnaire is designed to provide opportunities for you to perform well (not exclude you from work).

Signature

<b>Have you ever had difficulty wearing personal protective equipment?</b>	Yes / No
--	----------

If yes, provide details:

<b>Do you suffer from any allergies? (food, dust, wood, animals, cleaning agents)?</b>	Yes / No
--	----------

If yes, provide details:

<b>Have you had your hearing tested?</b>	Yes / No
--	----------

If yes, provide details (date, results):

<b>Have you ever claimed compensation for hearing loss?</b>	Yes / No
---	----------

If yes, provide details (date, cause):

<b>Have you ever suffered from (or are you suffering from) any injuries or conditions as a result of an accident (either privately or at work) e.g. motor vehicle accident, third party, WorkCover claim?</b>	Yes / No
---	----------

If yes, provide details:

<b>Have you ever had a work related injury?</b>	Yes / No
---	----------

If yes, provide details (i.e. WorkCover claim):

<b>Have you had any x-rays, scans or MRIs in the past two years?</b>	Yes / No
--	----------

If yes, provide details:

<b>Are you currently being treated for any illness or disease?</b>	Yes / No
--	----------

If yes, provide details:

<b>In the past two years have you had time off work because of an illness or injury?</b>	Yes / No
--	----------

If yes, provide details:

<b>Are you currently on any medication?</b>	Yes / No
---	----------

If yes, provide details:

<b>Do you participate in regular exercise?</b>	Yes / No
--	----------