



Personal Details

Name:	Date:
Positions:	Start Date:

Questions

If your response is yes to any of the questions on this form, please provide full details including dates, duration and outcome of the illness or condition. Clarification will be sought from an approved medical / occupational health practitioner. If we have any concerns about your fitness for work, any on-hire opportunity will be subject to satisfactory medical reports.

Have you ever had / suffered from:	Tick correct answer:	Additional information to ticking yes:
Tuberculosis, asthma, bronchitis or chest problems?	Yes No	
Chest pain, heart condition or raised blood pressure?	Yes No	
Blackouts, fits or attacks of giddiness?	Yes No	
Depression, mental illness or nervous breakdown?	Yes No	
Rheumatism or arthritis?	Yes No	
Back trouble?	Yes No	
Typhoid, paratyphoid or other gland trouble?	Yes No	
Digestive or bowel disease?	Yes No	
Diabetes, thyroid or other gland trouble?	Yes No	
Bladder or kidney trouble?	Yes No	
Dermatitis or skin trouble?	Yes No	
Varicose veins?	Yes No	
Any other accident, operation or illness?	Yes No	
Have you any reason to believe you may be infected with any communicable disease?	Yes No	
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	Yes No	
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	Yes No	
Any physical impairments, including defect of sight or hearing? If yes, please specify any special needs in relation to your disability.	Yes No	
Have you ever received a payout under workers Compensation, for a percentage of permanent disability?	Yes No	

Questions

Have you ever had / suffered from:	Tick correct answer:	Additional information to ticking yes:
Are you currently taking medication or drugs including inhalers?	Yes No	
Are you currently being treated by any doctor for illness?	Yes No	
Are you unable to utilise personal protective equipment?	Yes No	
Are you allergic to anything? If yes please provide details:	Yes No	
Do you have a history of any shoulder, neck, back or joint problems including injuries, strains, fractures, arthritis, gout or other disorders? If yes please provide details:	Yes No	
Are you currently being treated by a healthcare professional for any condition? If yes please provide details:	Yes No	
Are you taking any medication, drugs or injections for a medical condition on a regular basis? If yes please provide details:	Yes No	
Do you smoke?	Yes No	
How many units of alcohol do you drink per week?	(one unit = ½ pint beer = 1 glass wine = 1 single whisky)	

Some Facilities may require that agency nurses fulfil medical fitness standards, particularly vaccination/screening test requirements / if you have ticked "no" to the above, would you be prepared to be immunized or screened for the above?

Yes No

Your World Healthcare (Australia) reserves the right to request a Functional Capacity Assessment or a Fit to Work Certificate at your own expense if seen to be required for the purpose of employment with Your World Healthcare (Australia) Pty Ltd.

The information I have given is to the best of my knowledge true and correct.

Signed:

AUS Application Pack V2.2