



EMPLOYEE INFORMATION

The information you provide will be treated as confidential and will not be released or revealed without your written consent.
Place a [X] or a [] to indicate Yes or No to answers.

General Information

Name _____ DOB _____ Male [] Female []
Address _____ Postcode _____
Phone (W) _____ Phone (H) _____ Mobile _____
Email _____
Licence No _____ Valid to _____ Licence grade _____
Tax File No _____ Bank _____ BSB _____ Account No _____
Person to be contacted in an emergency _____ Relationship _____
Phone (W) _____ Phone (H) _____ Mobile _____

Medical Questionnaire

Medicare No. _____ Blood Type _____
Doctor's Name _____ Phone _____

Do you have a current Tetanus vaccination? (Tetanus vaccination is recommended) Yes [] No []
Do you wear contact lenses? Yes [] No []
Are you asthmatic? If yes, please provide details of your Asthma management plan Yes [] No []
Have you undergone surgery in the last 12 months? Yes [] No []
Do you carry a Medi-Alert tag? If Yes, then why? _____ Yes [] No []
Are there any other conditions which may be reason to modify your work requirements? Yes [] No []

If yes, please provide details _____

Are you currently taking any form of medication? Yes [] No []
Do you have any known allergies (include food related allergies)? Yes [] No []

If yes, please provide details _____

Have you ever had [] Shortness of breath [] Palpitations or Chest Pain [] Cramps
[] High Blood Pressure [] Heart condition [] Arthritis
[] Diabetes [] Epilepsy [] Muscular Pain
[] Fainting or Dizziness [] Vertigo [] Hay Fever

If you have ticked any of the above conditions please provide additional details of your condition and related medication:

