HEALTH DECLARATION FORM



Name of Candidate	Position Title:	
Name of Manager	Department	

Dear Applicant

The Mater Hospital is an Equal Opportunity employer and as such will not consider any discriminatory practices within its recruitment procedures.

The Health Declaration form is provided to seek comment from you regarding any health condition or disability that may impact your ability to undertake the inherent requirement of the position you have applied for.

In accordance with the Mater Hospital's duty of care to you, and Workplace Health and Safety obligations, we must ensure employees are not exposed to risk that will impact their physical and psychological wellbeing. In providing a commitment to this philosophy we require you complete this declaration, in consultation with the hiring manager. Adjustment may be made, where possible to workplace environments, minimising the risk of injury.

PART 1 - To be completed by the candidate

I am able to complete the following without adjustments (please tick):

Possible PHYSICAL DEMANDS - DESCRIPTION		YES	NO
Sitting			
Standing	Standing		
Constant standing [g	reater than 2 hours]		
Walking			
Bending			
Kneeling			
Squatting			
	Light lifting & carrying 0 – 5kg		
Lifting/ Carrying	Moderate lifting & carrying 5 – 10kg		
gyg	Heavy lifting & carrying 10 – 15kg		
	Very heavy lifting & carrying 15kg and above		
Overhead Reaching	Overhead Reaching [arms raised above shoulder]		
Forward Reaching	arms fully extended forward]		
Pushing / Pulling [lig	ht to medium force]		
Grasping / Fine Manipulation [gripping, holding, clasping with fingers or hands]			

SENSORY AND OTHER DEMANDS - DESCRIPTION	YES	NO
Sight Use of sight is an integral part of work performance eg viewing of X-rays, computer		
Hearing Use of hearing is an integral part of work performance eg telephone enquiries		
Smell Use of smell is an integral part of work performance eg working with chemicals		
Colour Discrimination distinguishes between different colours, shades		
Various shifts [days, evenings, nights / rotating roster]		

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-	ny of the tasks or postures on the previous page, information, which will assist with considering your	† A	AATER FACILITY OF T VINCI	
	e details and requirements of the position, as contained ager. I agree that [please tick all relevant boxes]:	d in the Position	on Descript	ion
Please read carefully and ref	er any questions to the manager		YES	NO
•	position without modification i.e. I am not aware of any health in my ability to undertake the inherent job requirements and job			
	special needs that may require the employer to provide me wat I can successfully carry out the inherent requirements and	•	f	
needs in carrying out the inherent	ne workplace can be made to assist employees with disabiliti job requirements and job demands of the position. Any adjust anisation prior to completing this health declaration	•		
I am aware that any false or mislea with the Mater Hospital or any of it	ading statements may threaten my appointment or continued s facilities.	l employment		
Candidate Full Name:			·	
Candidate Signature:		Date:		
Resources. Please tick ONE of the boxes I have discussed the inherent r I am satisfied the candida	be completed by the manager prior to sending the example the equirements of the position in detail with the candidate te is fit to perform the inherent requirements of the position for the applicant to fulfil the inherent requirements	e. I can confin	n:	
	candidate is unable to perform the inherent requiremer would cause the employer unjustifiable hardship	its of the posi	ion <i>or</i> the	
Manager Signature:		Date:		

Consultation is required with Workplace Health and Safety [WHS] Department where adjustments are required.