

Pre-employment Health Declaration Form

Royal Freemasons is committed to protecting the health, safety and wellbeing of all employees. To achieve this, Royal Freemasons strives to ensure that employees are not required or permitted to undertake work for which they are not suited and to take appropriate measures to allow work to be done in a manner which will not put at risk any person's health and safety.

Employment with Royal Freemasons is conditional on the preferred applicant completing this pre-employment Health Declaration form to ensure that no person is placed in an environment or given tasks that will result in physical or mental harm.

This information is to be used for the purposes of planning for any reasonable adjustment of workspaces/ tasks and/or to determine if the applicant can fulfil the inherent requirements of the role.

Personal details

Given Name(s)

Family Name or Surname

If your name has changed,
please state your previous
name(s)

Position Title

Location

Department

Telephone

Email address

Pre-employment Health Declaration

Employment with Royal Freemasons is conditional on the applicant being fit and fully able to perform the inherent requirements of the position. When completing the pre-employment health declaration, it must be in full knowledge of the position as outlined in the position description. Read the document carefully and discuss any queries that you may have prior to completing the form with your manager.

The primary purpose of this pre-employment health declaration is to assist Royal Freemasons to ensure that no person is placed in an environment or given tasks that will result in physical or mental harm. It is not the intention of the pre-employment health declaration to deny a person employment solely because of disability or illness.

The pre-employment health declaration does enable, where applicable, appropriate and reasonable action to be taken by Royal Freemasons to meet the provisions of Section 21 of the Occupational Health and Safety Act 2004 and Section 41(1) and Sub-section 41(2) of the Workplace Injury Rehabilitation and Compensation Act 2013.

Section 21 of the Occupational Health and Safety Act 2004, states that an employer shall provide and maintain, so far as practicable, for employees a working environment that is safe and without risks.

Section 41(1) of the Workplace Injury Rehabilitation and Compensation Act 2013, requires disclosure to your employer of any pre-existing injuries or disease that you have suffered, or existing injuries or disease that you continue to suffer of which you are aware and could reasonably be expected to foresee could be affected by the nature of the proposed employment as outlined in the position description for your proposed employment.

Sub-section 41(2) of the Workplace Injury Rehabilitation and Compensation Act 2013 will apply if you fail to make a disclosure as per Section 41(1) of the Workplace Injury Rehabilitation and Compensation Act 2013, or the making of a false or misleading disclosure.

If Sub-section 41(2) of the Workplace Injury Rehabilitation and Compensation Act 2013 applies, any recurrence, acceleration, exacerbation or deterioration of the pre-existing injury or disease arising out of or in the course of or due to the nature of employment with the employer does not entitle the worker to compensation under this Act.

Royal Freemasons may rely on any failure to disclose or the making of a false or misleading disclosure, in accordance with the provisions of the Workplace Injury Rehabilitation and Compensation Act 2013, as grounds for denying compensation.

Privacy Notice: *The collection and processing of this information is in accordance with the Occupational Health and Safety Act 2004 and the Workplace Injury Rehabilitation and Compensation Act 2013.*

The completed pre-employment health declaration form will be retained on your personal file. Where employment is not taken up, all documents relating to your application will be retained for six months after the finalisation of any appointment appeal and then destroyed.

Royal Freemasons may disclose some of your personal information, as applicable, to an independent medical examiner, should an assessment of your suitability for employment and fitness for duty be required. Under certain circumstances your health declaration may be also disclosed to the Royal Freemasons Workers Compensation Insurer should you submit a claim for workers compensation.

You are able to request access to the personal information that we hold about you, and request that it be corrected by contacting Royal Freemasons and emailing: people.development@royalfreemasons.org.au

Employee Health History

QUESTION 1

Are you aware of any circumstances regarding your health or capacity to work which may impact your ability to perform the duties of the position?

In answering this question Yes or No you are also covering factors such as: existing or exposure to infectious diseases, taking of medication/treatment on a regular basis (daily, weekly, monthly). If yes, what adjustments do you need to perform the inherent requirements of the position (if any)?"

Yes **No**

If yes, please provide details

QUESTION 2

Do you have an existing injury or medical condition or pre-existing injury or medical condition that could be affected by the nature of the proposed employment?

Existing is a medical condition for which treatment is still being received. Pre-existing is where an injury or medical condition/s is present, but treatment is not required.

If answering yes, please provide details of the injury or medical condition(s). If yes, what workplace adjustments do you need to perform the inherent requirements of the position (if any)?"

Yes **No**

If yes, please provide details

QUESTION 3

Are you required to take medication which may affect your ability to perform the duties of the proposed employment, attendance at work or provide risk to your health and safety or the health and safety of others in the workplace?

If answering yes, when providing further detail please include any reasonable adjustment which could be considered to accommodate you in the workplace.

Yes **No**

If yes, please provide details

QUESTION 4a

Have you ever worked with any substances or in any conditions which may have been hazardous to your health (e.g., asbestos exposure, toxic chemicals, stressful or noisy environments, explosives or gunfire, dust) and may impact your ability to perform the duties of the position and for which you need a modified workplace?

If yes, what specific workplace adjustments or modifications can be made (if any) to ensure your workplace is safe and without further risk to your health?

Yes **No**

If yes, please provide details

QUESTION 4b

Have you ever had any exposure to the following in your past jobs? If yes, please provide details.

Loud noise/explosives/gunfire

Asbestos

Chemicals

Radiation

Dust

QUESTION 5

Do you have a current or any previously accepted Workers Compensation Claims?

Yes **No**

If yes, please provide details

QUESTION 6

Do you have any known allergies to medications, foods or other substances?

Yes No

If yes, please provide details

QUESTION 7

Are there any other workplace adjustments or modifications that you require to perform the inherent requirements of your position?

Yes No

If yes, please provide details

QUESTION 8

Place mark each activity with which you have difficulty

Walking 500 metres Crouching Standing for two hours

Gripping firmly with both hands Lifting or bending Using hand tools

Reading ordinary print Hearing a normal conversation Sitting for two hours

Turning your head rapidly Repetitive movements of the hands or arms

Concentrating on what you are doing

Please comment on those marked

Declaration

I declare that each and every answer above is true to the best of my knowledge and belief. I understand that any false or misleading information may result in disciplinary action under the **(Employer policy)**, which may include termination of employment. . I understand that I may also be required to undergo medical tests and assessments during employment and on termination.

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Name
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Signature
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Date
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P&D USE ONLY – Form reviewed

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Name
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Signature
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Date
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Further action required
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