

The aim of the Employment Medical (EM) Questionnaire is to ensure that applicants physical and other related abilities are matched to the medical and fitness standards for the particular duties of a job.

Employment Medical Questionnaires (EM's) are necessary to determine that:

- There is not risk of aggravating a pre-existing medical condition
- The applicant is able to productively carry out the duties of the position safely
- The applicant should not, because of a medical condition, increase risk to other workers, equipment, products or the general public.

### CONFIDENTIALITY

The Employment Questionnaire is treated as a confidential document and access is limited to a 'need to know' basis. As you are employed, (Insert Company Name) will retain this form on a confidential file and reserve the right to refer to the information in the event of an accident, sickness, injury or claim for worker's compensation. The information may also be used for other purposes, if so required by law.

### IMPORTANT NOTICE

To assist (Insert Company Name) in assessing your medical fitness, you must answer the questions contained in this questionnaire truthfully and to the best of your knowledge.

**Failure to disclose any relevant matter relating to your health may result in your employment being affected and rights to workplace compensation compromised.**

Surname: _____	Given name: _____
Address: _____	
Postcode: _____	State: _____
Telephone: (H) _____	Mobile: _____ Other: _____
Position applying for: _____	

Age: _____	Date of Birth: _____	Sex: _____	M / F
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<b>HAVE YOU LOST ANY TIME FROM WORK IN THE LAST 12 MONTHS DUE TO ILLNESS OR INJURY?</b>	<b>YES</b>	<b>NO</b>
If yes, please state for what reason _____		
<b>ARE YOU CURRENTLY TAKING, OR IN THE PAST TWO YEARS HAVE TAKEN ANY MEDICATION?</b>	<b>YES</b>	<b>NO</b>
If yes, please state _____		
<b>DO YOU HAVE ANY KNOWN ALLERGIES/ IF YES, PLEASE STATE</b>	<b>YES</b>	<b>NO</b>