

The aim of the Pre-Employment Medical (PEM) 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.

Pre-Employment Medical Questionnaires (PEM's) are necessary to determine that:

- There is not risk of aggravating a pre-existing medical condition

[REDACTED]

- [REDACTED]

[REDACTED]

CONFIDENTIALITY

The Pre-Employment Questionnaire is treated as a confidential document and access is limited to a

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

IMPORTANT NOTICE

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

[REDACTED]

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

Age: _____	Date of Birth: _____	Sex: _____	M / F
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HAVE YOU LOST ANY TIME FROM WORK IN THE LAST 12 MONTHS DUE TO ILLNESS OR INJURY? YES NO

If yes, please state for what reason _____

ARE YOU CURRENTLY TAKING, OR IN THE PAST TWO YEARS HAVE TAKEN ANY MEDICATION? YES NO