

## Pre-Employment Health Disclosure

### Personal Details

Position	Municipal Worker – Valley Crew
Given Name(s)	
Surname	

The following risks or health and safety requirements have been identified in the above role. The following disclosure you provide should be in consideration of the risks or requirements identified.

- Walking on uneven surfaces
- Exposure to dust
- Greater than 15 minute exposure to sunlight
- Driving
- Lift weights less than 10kg
- Lift weights between 10-15kg
- Lift weights in excess of 15kg
- Working at heights (greater than 2m)
- Working in confined space with breathing apparatus
- Twist/turn in shovel or brush cutter like labour
- Extended periods of walking/movement in mowing like labour
- Regular bending in garden like labour
- Working with a visual display unit
- Using a keyboard
- Working under pressure
- Wear PPE (boots, glasses, ear protection)
- Participation in drug and alcohol tests
- Other as set by Direct Manager/Supervisor of role

\_\_\_\_\_  
 Potential exposure to environmental pollution

Disclosure

I declare that the information provided is true and accurate to the best of my knowledge. I understand that the information I provide is being used for the purpose of determining if further medical assessment is required in considering my application for the above role. I understand and accept that the information I provide on this form may be given to medical professionals. I accept that failure to provide true and accurate information through this form, if given employment with Break O'Day Council could lead to the termination of my employment.

Sign \_\_\_\_\_

Date \_\_\_\_\_

**1. I hereby declare the following CURRENT illness or injury that could be relevant to the above identified risk and role requirements together with any treatment plan (medical or professional support) to manage the illness or injury:**

**2. I hereby declare the following PAST illness or injury that could be relevant to the above identified risk and role requirements together with any treatment plan (medical or professional support) that was used to resolve the illness or injury.**

**3. I hereby declare the following CURRENT illness or injury that relates to an ongoing or closed workers compensation matter relevant to the above identified risk and role requirements together with any treatment plan (medical or professional support) to manage the illness or injury:**

**4. I hereby declare the following PAST illness or injury that relates to an ongoing or closed workers compensation matter be relevant to the above identified risk and role requirements together with the treatment plan (medical or professional support) that was used to resolve the illness or injury.**

**Personal Information Protection Statement**

As required under the *Personal Information Protection Act 2004*

1. Personal information will be collected from you for the purpose of dealing with your application, and may be used for other purposes permitted by the Local Government Act 1993 and regulations made by or under that Act.
2. Failure to provide this information may result in your application not being able to be accepted and processed.
3. Your personal information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of the Break O'Day Council.
4. Your basic personal information may be disclosed to other public sector bodies where necessary for the efficient storage and use of the information.

Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates on request to Break O'Day Council. You may be charged a fee for this service.