

HEALTH ASSESSMENT FORM

AVT Resources is committed to ensuring the highest degree of safety and health of its employees and contractors. An important part of our recruitment process is to ensure that the physical and environmental demands of a job are compatible to you. Should you require any clarification before answering the questions below, please discuss with your recruitment contact.

Please answer the following Medical History questions		Do you have any difficulties with the following activities?	
1) Have you ever had a work-related injury or illness?	Yes / No	12) Walking on rough ground?	Yes / No
2) Have you ever lodged a Workers Compensation claim?	Yes / No	13) Running 100 meters?	Yes / No
3) Do you currently have any pre-existing illness / injury?	Yes / No	14) Sitting or standing for two hours?	Yes / No
4) Are you currently being treated by any doctor?	Yes / No	15) Turning your head rapidly?	Yes / No
5) Have you ever been hospitalised?	Yes / No	16) Using hand tools?	Yes / No
6) Have you ever been refused life insurance?	Yes / No	17) Concentrating for any length of time?	Yes / No
7) Is there any reason why you can't wear PPE?	Yes / No	18) Hearing a normal conversation?	Yes / No
8) Have you tested positive in a workplace drug test?	Yes / No	19) Reading ordinary print?	Yes / No
9) Are you taking any medication?	Yes / No	20) Climbing a ladder?	Yes / No
10) Do you need to wear glasses for normal work?	Yes / No	21) Understanding English?	Yes / No
*If so do you have prescription glasses / contacts?	Yes / No	22) Lifting or bending?	Yes / No
11) Have you ever had a sporting injury?	Yes / No	23) Repetitive movement in the arms?	Yes / No
Do you have or have you ever had any of the following?			
24) High blood pressure or heart trouble?	Yes / No	33) Fits or Seizures?	Yes / No
25) Repetitive use or strain injury?	Yes / No	34) Stomach problems / Ulcers?	Yes / No
26) Joint problems / Fractures / Rheumatism?	Yes / No	35) Back or neck problems?	Yes / No
27) Do you suffer from Asthma?	Yes / No	36) Allergies?	Yes / No
28) Skin Disorders / Dermatitis?	Yes / No	37) Any medical or surgical issues?	Yes / No
29) Mental or Nervous troubles?	Yes / No	38) Time off work in the last year?	Yes / No
30) Loss of hearing?	Yes / No	39) Diabetes?	Yes / No
31) Blackouts or persistent headaches?	Yes / No	40) Have you read and understood the questions?	Yes / No
32) A Hernia?	Yes / No	41) Hepatitis / Jaundice / Liver damage?	Yes / No

If you provided YES to any of the Medical Assessment questions, please provide further information.

Question #	Date of injury:	Question #	Date of injury:
Details:		Details:	
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Details:		Details:	

I declare that the information I have provided in my application form and health assessment is true and correct:

Name: _____ Signature _____ Date / /

AVT Resources Consultant Signature: _____ Date / /

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OFFICE USE ONLY:		
Question #	Was your injury(ies) work related?	Yes / No -
Who was your employer at the time?		
Did you have any time off due to the injury?	Yes / No	If Yes, how long?
Comments:		

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