

PRE-EMPLOYMENT HEALTH ASSESSMENT – BOOKING CONFIRMATION FORM [HUMAN RESOURCES TO COMPLETE]

To: _____ Date: _____

Purchase Order No. _____

Please carry out a Pre-Employment Health Assessment on:

NAME OF CANDIDATE _____

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Drug Test | <input type="checkbox"/> Alcohol Test |
| <input type="checkbox"/> Chest X-Ray | <input type="checkbox"/> ECG <input type="checkbox"/> Blood Test |

Position Description or brief description of duties/Project Specific: _____

Workplace Category:

- High level Safety Critical Workplace (site-based)
- Safety Critical Workplace (office-based)

The following factors are associated with the work environment: *(tick as appropriate)*

<p>Noisy work environment <input type="checkbox"/></p> <p>Handling solvents, oil, grease <input type="checkbox"/></p> <p>Manual work (lifting, pulling, pushing) <input type="checkbox"/></p> <p>Prolonged standing <input type="checkbox"/></p> <p>Repetitive movements of hands (as in some kinds of process work) <input type="checkbox"/></p> <p>Hot or cold environment <input type="checkbox"/></p>	<p>Exposure to dust, fumes, gases <input type="checkbox"/></p> <p>Working alone for prolonged periods <input type="checkbox"/></p> <p>Climbing or working at heights <input type="checkbox"/></p> <p>Contact with toxic or irritant chemicals <input type="checkbox"/></p> <p>Long periods of driving car, truck, other plant <input type="checkbox"/></p> <p>Driving mobile plant including cranes <input type="checkbox"/></p>	<p>Computer screen/keyboard work <input type="checkbox"/></p> <p>Exposure to air conditioning <input type="checkbox"/></p> <p>Prolonged sitting <input type="checkbox"/></p> <p>Shift work <input type="checkbox"/></p> <p>Close eye work <input type="checkbox"/></p> <p>Colour vision required <input type="checkbox"/></p>
<p>Any other potential hazards 1. _____</p> <p>Project Specific – functional tests 2. _____</p> <p><i>(please list down)</i> 3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p>	<p>Assessment Category:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Pre-placement Medical <input type="checkbox"/> Relocation (Travel/Vaccine Consult) <input type="checkbox"/> Immigration Medical <input type="checkbox"/> Periodic Medical (e.g. annual tunnels, ongoing fitness) <input type="checkbox"/> Triggered Medical 	
<p>Letter Sent to ACC: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>Additional Information: <i>(please refer to Pre-Employment Application – Health Details Form 030-FXXX-[NZ] Attachment A)</i></p>		

Candidate Name: _____ Position: _____

Address: _____

Human Resource (HR) Signature: _____ Date: _____

Please return the assessment and your account to: McConnell Dowell Constructors NZ Ltd. HR Manager, Sue Perry 021 554 532

(MCDNZ.HR@mcgroup.com)