PRE-EMPLOYMENT HEALTH ASSESSMENT FORM
[CANDIDATE TO COMPLETE]

Document # 030-FXXX-[NZ] Attachment E

Non site based clerical role candidates – answer questions 1 to 6. Other Roles – answer ALL questions.

1. EMPLOYMENT HISTORY

Employer	Occupation	Length of Time

2. MEDICAL TREATMENT/SICKNESS/INJURY

Do you have any known condition (mental, physical or otherwise) which may affect your ability to effectively carry out the functions and responsibilities of the position in which you have applied for?	☐ YES	☐ NO
If yes, please describe below:		
Have you received any medical treatment or visited a medical practitioner due to an injury or illness in the past five (5) years that resulted in time off work?	☐ YES	☐ NO
If yes, please describe below and state how long you were off work on each occasion:		
Have you previously made an ACC claim for an injury or health issue that could potentially be aggravated by the type of work you are applying for?	☐ YES	☐ NO
If you have missed work in the last five (5) years, through sickness or injury that did not result in a medical treatment, please describe below and state how long you were off work on each occasion:		
Do you have Type 1 or Type 2 Diabetes?	☐ YES	☐ NO
If yes, are you on insulin?	☐ YES	☐ NO

3. ALLERGIES

Do you have any allergies?	☐ YES	☐ NO
Have you ever been admitted to hospital for your allergies?	☐ YES	☐ NO
If yes, do you require adrenaline for your allergies?	☐ YES	☐ NO
If you answered yes to any of the above, please describe:		

4. REPETITIVE MOVEMENTS/KEYBOARD/PROLONGED SITTING

Do you have any arthritis, stiffness, pain or pins and needles affecting you:		
Hands/Wrists	☐ YES	☐ NO
Elbows	☐ YES	☐ NO
Neck/Shoulders/Back	☐ YES	☐ NO
Have you ever had any health/musculoskeletal problems related to work with computers?	☐ YES	☐ NO
Have you ever had any form of occupational overuse syndrome/repetitive strain injury/carpal tunnel syndrome/tendonitis/gradual process injury?	☐ YES	☐ NO
If you answered yes to any of the above, please describe below and provide information on any treatment received:		

5. NOISY ENVIRONMENT

Do you have difficulty in hearing?	☐ YES	☐ NO
Have you been exposed to excessive noise in the past that could have resulted in a hearing loss?	☐ YES	☐ NO
If you answered yes to any of the above, please describe below:		
When did you last have your hearing tested?	☐ YES	☐ NO
Have you had an ACC claim accepted in the past for noise induced hearing loss?	☐ YES	☐ NO
If yes, when did this occur?		

6. LUNG FUNCTION

Asthma?	☐ YES	☐ NO
Have you had an asthma attack in the past 12 months?	☐ YES	☐ NO
Wheezing in the chest?	☐ YES	☐ NO
A persistent cough or coughing at night?	☐ YES	☐ NO
Shortness of breath at rest or when walking at normal pace?	☐ YES	☐ NO
Have you ever worked in a dusty environment?	☐ YES	☐ NO
Have you ever done any work that has affected your lungs or breathing?	☐ YES	☐ NO
If you answered yes to any of the above, please describe below:		
Have you ever worked with Asbestos?	☐ YES	☐ NO
If yes, list years:		
Are you on the Department of Labour Asbestos Register?	☐ YES	☐ NO

7. CHEMICALS, GREASE AND SOLVENTS

Have you ever worked with any chemicals, grease or solvents?	☐ YES	☐ NO
Do you have a history of any of the following conditions:		
Eczema or Dermatitis?	☐ YES	☐ NO
Any skin condition affecting your hands/arms/legs?	☐ YES	☐ NO
Any illness possibly related to chemical exposure?	☐ YES	☐ NO
If you answered yes to any of the above, please describe below:		

8. DRIVING/OPERATING HEAVY MACHINERY/WORKING AT HEIGHTS/WORKING IN CONFINED SPACE

Have you ever had epilepsy or a seizure/fit?	☐ YES	☐ NO
Have you ever suffered from fainting, dizziness or collapse?	☐ YES	☐ NO
Do you take any medication that may affect your ability to concentrate?	☐ YES	☐ NO
Do you have colour blindness?	☐ YES	☐ NO
Do you have any defect or problem with your eyesight that isn't corrected using glasses or contact lenses?	☐ YES	☐ NO
Do you have any difficulty working at heights or in confined spaces?	☐ YES	☐ NO
If you answered yes to any of the above, please describe below:		

9. MANUAL LIFTING/VIBRATING EQUIPMENT/PROLONGED PERIODS SITTING OR STANDING

Do you have or have you had in the past any pain, stiffness, weakness, past injury or arthritis affecting the use of the following parts of the body:		
Hands/Wrists	☐ YES	☐ NO
Arms/Shoulders	☐ YES	☐ NO
Neck/Back	☐ YES	☐ NO
Hips/Knees	☐ YES	☐ NO
Feet	☐ YES	☐ NO
Have you ever had a back injury or operation?	☐ YES	☐ NO
If you answered yes to any of the above, please describe below and provide information on any treatment received:		

10.SAFETY EQUIPMENT

Is there any reason why you would not be able to wear the following personal protection or safety equipment		
Safety/Steel Capped Footwear	☐ YES	☐ NO
Hard Hat	☐ YES	☐ NO
Hearing Protection	☐ YES	☐ NO
Safety Glasses or Shield	☐ YES	☐ NO
Breathing apparatus or Respiratory Protection Equipment	☐ YES	☐ NO
Gloves	☐ YES	☐ NO
Safety Harness	☐ YES	☐ NO
Protective/Combination Overalls	☐ YES	☐ NO
If you answered yes to any of the above, please describe below:		

AUTHORITY AND DECLARATION

Your consent is required before the health assessment and drug test is carried out. Please sign this form as a confirmation of your consent.

(a) I, _____ understand the purpose and nature of the health assessment and drug test and I agree to a pre-employment health assessment and drug test by a health professional appointed by the company, as well as having such tests as McConnell Dowell Constructors NZ Ltd. may reasonably require to establish my suitability for the position I have been offered, and to establish a health baseline for future monitoring should my employment be confirmed. I agree that the health professional may discuss any work specific concerns, with the recruiting manager.

(b) I understand and agree that a refusal to undergo a health assessment or provide a sample for a drug test, or the return of a positive result in the withdrawal of any offer of employment the company may have made.

(c) I certify that my replies to the above questions are true and correct, and have been given freely and willingly. I understand that if the employment offer from the company is confirmed then the information provided above and the results of the health assessment will be made a part of my personal health records that are held by the company. If the employment offer is withdrawn by the company, then all information will be destroyed.

(d) I understand that failure to provide information or providing incorrect information will result in the offer of employment being withdrawn by the company, or if employment has commenced, my employment being terminated.

(e) I understand that during my employment at McConnell Dowell Constructors NZ Ltd., I agree to undergo personal health monitoring to ensure that I am not suffering any health effects from the conditions of my work. I agree to the results of this health monitoring being used to manage workplace conditions to protect my health.

(f) Under the provisions of the Privacy Act 1993 and with regard to the medical information requested on these forms, I understand and agree that the medical information is to enable the company to establish a baseline for future health monitoring during my employment to meet legislative requirements, to protect my health and well being, and to ensure the safety of myself and others.

(g) I agree to inform the company (my Manager/Health and Safety Manager/Occupational Health Nurse) promptly if I develop a medical condition during the term of my employment that could adversely affect work performance or the safety of myself or others.

(h) I understand that my pre-employment health assessment information will only be available to the recruitment manager, Health Monitoring Provider and/or Human Resources Manager and should the need arise, relevant medical providers. I understand that I may access my personal health information and request correction of any data by writing to the Business Manager/Human Resources Manager McConnell Dowell Constructors NZ Ltd.

(i) I declare that I have read the above information and agree with the above conditions.

Candidate Signature:		Date:	