

HEALTH AND HAZARD ASSESSMENT QUESTIONNAIRE



THE UNIVERSITY OF
NEWCASTLE
AUSTRALIA

The information on this form will be kept strictly confidential and is used to aid risk assessment. The form is treated as Medical-In-Confidence and remains the property of the University Health Service of the University of Newcastle. The University of Newcastle is committed to achieving a safe and healthy workplace for its staff.

Based on the completed Health and Hazard Questionnaire, the Associate Director, Student Care and Equity will assess the applicant's capability to perform the inherent requirements of this position without risk or injury or exacerbation to an existing condition and as required recommend reasonable adjustments. The applicant may also be requested to attend additional health assessments in order that baseline metrics and/or information pertaining to their health and wellbeing may be determined.

INSTRUCTIONS FOR COMPLETING FORM

The **supervisor must complete Parts A and B** and the **prospective staff member should complete Part C**.

This form cannot be accepted without all parts complete.

PART A. POSITION DETAILS

Position Title	Appointment	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual	
Division / Faculty	Part time % Time / Hours per week	
Organisational Unit / School		
Supervisor's Name	Phone Number	Email Address
Supervisors Signature	Date	

Brief description of responsibilities and inherent requirements of the job

This form cannot be accepted without all parts complete for the reason that it is used to determine whether the prospective employee has the physical, and other capabilities, to perform the inherent requirements of the job without undue harm to themselves or others. It may also be used to establishing base line information on an employee's health status and determine whether reasonable accommodation is required to enable an employee to carry out the inherent requirements of the job. For more information please refer to [UON Health and Safety Procedure 5.1 Pre-placement Health Assessment](#).

Information collected on this form will only be used for legitimate University purposes and we request this information in order to process your new appointment. For further details on this form or to request an update to or correction of your information, please contact the University Health and Safety Team on 02 4033 9999 (option # 5) or via email to healthassessments@newcastle.edu.au. The University undertakes to manage your personal information in accordance with the Privacy and Personal Information Protection Act NSW 1998 and the University's [Privacy Management Plan](#).

PART B. OCCUPATIONAL HAZARDS

Please indicate whether the work that the staff member will be carrying out involves any of the following, and specify the nature of any potentially harmful substances. By matching the hazards identified by the supervisor with the medical history provided, the Associate Director, Student Care and Equity will make a decision about whether or not a prospective staff member requires a medical examination. **It is essential that every question is answered.**

Yes	No				
1		Manual Handling	Lifting heavy weights. Approximate maximum weight (kg)		
			Lifting floor to waist – Max weight		kg
			Lifting waist height – Max weight		kg
			Lifting overhead – Max weight		kg
			Pushing/Pulling – Max weight		kg
			Carrying – Max weight		kg
2			High noise levels		
3			Computer Use - Estimate number of hours per week		per day
4			Sitting hours per week		per day
5			Standing number of hours per week		per day
6			Walking number of hours per week		per day
7			Working above shoulder height	hours per week	per day
8			Working below knee height of	hours per week	per day
9			Electromagnetic radiations including: Infra-red solar and ultra violet radiations	microwaves	X-rays radio-active substance
10			Carcinogenic chemicals. Specify		
11			Toxic substances including heavy metals, toxic solvents, hydrofluoric acid, cyanide. If others, please specify		
12			Organic solvents. Specify		
13			Herbicides and pesticides		
14			Substances of unknown toxicity, including pharmacological		
15			Use or care of experimental animals. Specify animals		
16			Micro-biological materials		
17			Scuba diving		
18			Lasers. Specify class		
19			Welding		
20			Operations producing dust and lung irritants		
21			Epoxy-resins		
22			Recombinant DNA. Specify class of laboratory		
23			Unfixed human blood or tissue		
24			Catering or food preparation (except departmental coffee/tea)		
25			Use of potentially dangerous machinery		
26			Driving a motor vehicle on University business		
27			Overseas travel		
28			Working in a New South Wales Health facility		
29			Other potential hazards not mentioned above. Specify		

PART C. MEDICAL HISTORY (to be completed by prospective staff member)

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Your Name	Date of Birth	Height	Weight
Next of Kin (to be contacted in case of emergency) Name	Home Phone	Work Phone	

MEDICAL CONDITIONS

Most medical conditions are triggered by the identified hazards rather than the medical history, and are aimed at acquiring baselines. Do you have or have you had any of the following medical conditions? Please indicate below. If yes, provide details in the space provided at the bottom of the table.

- | | | |
|--|---|---|
| <input type="checkbox"/> Coronary Heart Disease | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Blood pressure |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Vascular problems | <input type="checkbox"/> Thyroid disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Anaemia of any kind | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Polyneuritis | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Stress | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Defective Vision |
| <input type="checkbox"/> Colour Blindness | <input type="checkbox"/> Other eye conditions | <input type="checkbox"/> Balance Disorders / Hearing loss |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergy to animals |
| <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Drug sensitivities | <input type="checkbox"/> Other gastrointestinal problems |
| <input type="checkbox"/> Fractures / Dislocations | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Back / Neck pain |
| <input type="checkbox"/> Other muscular or skeletal problems | <input type="checkbox"/> Overuse syndrome (RSI) | <input type="checkbox"/> Eczema or dermatitis |
| <input type="checkbox"/> Any serious infections | <input type="checkbox"/> Other skin disease | |

Details

ADDITIONAL QUESTIONS

Please list any previous surgeries and hospitalisations including dates

Are you currently taking any medications?
Medication

Reason

Are you aware of any medical conditions which may prevent you from performing your duties in a satisfactory manner in the position to which you are to be appointed? If so, please state them.

Do you have any special parking or other access requirements due to an existing medical condition(s)?
Eg. Wheelchair access to buildings etc.

Female prospective staff members only

As exposure to some occupational hazards can cause health problems for pregnant women and the developing baby, you are requested to answer the following questions ONLY IF any of items 9 -17 have been checked off in PART B.

Are you Pregnant? Yes No If yes, anticipated date of confinement

Did you complete this form yourself? Yes No If No, name of person who completed this form

DECLARATION

Prospective staff members are requested to sign the following declaration:

*I declare that the above information is, to my knowledge, a true and accurate record of my past and present health.
I consent to the Associate Director, Student Care and Equity and the The University of Newcastle having access to my medical records if necessary.*

Signature

Date

Instructions for returning your completed questionnaire:

1. Please ensure that all sections of this form are returned together.
2. To ensure confidentiality, this form must only be sent to healthassessments@newcastle.edu.au for urgent attention or placed in a sealed envelope and forwarded to:

Dr Brookman
Associate Director, Student Care and Equity
University Health Services
University of Newcastle
University Drive
Callaghan NSW 2308

The University can withdraw your offer of employment if this questionnaire is not completed and returned.

Note: you may be asked to attend a medical assessment by the Health Service upon return of your questionnaire.

Information collected on this form will only be used for legitimate University purposes and we request this information in order to process your new appointment. For further details on this form or to request an update to or correction of your information, please contact the University Health and Safety Team on 02 4921 8847 or via email to healthandsafety@newcastle.edu.au. The University undertakes to manage your personal information in accordance with the Privacy and Personal Information Protection Act NSW 1998 and the University's [Privacy Management Plan](#).

Email form to
healthassessments@newcastle.edu.au

OR

Dr Brookman, Associate Director, Student Care and
Equity
University Health Services, University of Newcastle
University Drive
Callaghan NSW 2308