

COVID-19 HEALTH ASSESSMENT QUESTIONNAIRE

The University is committed to achieving a safe and healthy workplace and has a duty of care to protect Workers including those who have one or more known risk factors which place them at higher risk during this COVID-19 Pandemic.

This form when completed is to be returned to the University of Newcastle Health Service where it will be treated as Medical-in-Confidence in accordance with the Privacy and Personal Information Protection Act NSW 1998 and the University's Privacy Management Plan. The information on this form will be kept strictly confidential and is used to aid risk assessment. The form will remain the property of the University of Newcastle Health Service.

Based on the completed Health Questionnaire, the Associate Director, Student Wellbeing will assess the Staff member's COVID-19 risk profile in relation to known risk factors and if required recommend reasonable adjustments during the COVID-19 Pandemic Period. The applicant may also be requested to attend an additional health assessment in order that information pertaining to their health and wellbeing may be determined.

INSTRUCTIONS FOR COMPLETING THIS FORM

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

PART A. POSITION DETAILS

Position Title

Appointment

Full Time

Part Time

Casual

Division/Faculty

Organisational Unit/School

Supervisor's Name

Phone Number

Email Address

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

Name

Date of Birth

Contact Email Address

Contact Phone Number

Medical-in-Confidence

Information collected on this form will only be used for legitimate University purposes and we request this information in order to discharge our duty of care. 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 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](#).

RISK FACTORS AND MEDICAL CONDITIONS

Do you have or have you had any of the following medical conditions or risk factors?

Over the age of 65

Immuno-suppressed due to medication or medical condition

Chronic Respiratory Disease

Cardiovascular Disease

Diabetes

Cancer

Hypertension

Indigenous Australian

Are you Pregnant?

DECLARATION

I declare that the above information is, to my knowledge, a true and accurate record of my present health and risk status.

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 scanned and sent to healthassessments@newcastle.edu.au for urgent attention or placed in a sealed envelope and forwarded to:

Dr Brookman
Associate Director, Student Wellbeing
University Health Services
University of Newcastle
University Drive
Callaghan NSW 2308

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