

# Health Screening Questionnaire - Health Professionals & Nurses



Qscan Group is committed to protecting the health, safety and well-being of our staff members. To assist us in achieving this objective, we ask that you complete the following health screening questionnaire relating specifically to the position you have been offered.

## What will Qscan Group do with this information?

Qscan Group will use the information you provide for the purpose of assessing your ability to safely perform your role. It may also provide guidance in relation to any reasonable services and/or facilities which may be needed to assist you in performing your duties.

It may be necessary for Qscan Group to seek further information from you or your treating doctor. We may also request that you attend an independent medical assessment so we can further determine your health and fitness capabilities for your role.

This document will be saved to your employee file. If for any reason you do not commence employment this document will be destroyed.

Personal Information		
First Name		
Surname		
Position		
Location		
Key Activities: Health Professionals & Nurses		
Element	Key Activity/Demands	Frequency
	Work clinic hours with the possibility of extended hours and duties	Occasionally
Work Environment	Shared Workstations – ergonomic adjustments	Daily
	Ample white down lighting	Daily
	Ventilation – AC air/thermal control	Daily
Psychological	Manage changing and demanding workloads and priorities	Daily
	Interact with customers who may have an intellectual or physical disability	Occasionally
	Interact with persons who may display aggressive behaviour	Occasionally
	Manage patients whose examinations could result in critical clinical findings	Daily
	Deal with multiple tasks simultaneously	Daily
	Deal and respond to patients who may ask you questions that you are not able to disclose the answers to i.e. discuss their examination results with them	Daily
Physical	Lifting/Carrying - Tasks involving raising/lowering or moving objects from one height/position to another, usually holding object with the hands/arms 1. Light lifting/carrying (0-9kgs) 2. Medium lifting/carrying (10-15kg)	Daily Occasionally
	Pushing/Pulling- Tasks involving pushing/pulling objects away from or towards the body	Daily
	Constant hand function (grip and dexterity)	Daily
	Frequent standing and sitting, forward reaching, neck movements, trunk twisting and lateral flexion	Daily

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	Forward bent posture, static neck postures and foot movements	Daily
Administrative Tasks	Stock distribution	Occasionally
	Administrative duties in line with your position description	Daily
Environmental Responsibilities	Undertake routine cleaning in accordance with the Infection Control Procedures and WHS policies	Daily
	Operate equipment according to the professional standards and radiation safety guidelines (if applicable)	Daily
	Undertake safe transfer of processor chemicals and equipment	Daily
	Observe Infection Control Policies with regard to standard precautions	Daily

## Disclosure of Pre-Existing Injuries/Conditions

Please provide information regarding any previous or existing injuries and/or medical conditions experienced by you, which may:

- be affected by performing this role; and/or
- impact your ability to perform your role.

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Do you have any existing or pre-existing injuries and/or medical conditions that:

- may recur, deteriorate, or be aggravated by the key duties required in your role; and/or
- may impact your ability to perform the key duties of this role?

NO  
 YES – please provide full details below:

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Are you required to take any medications which may impact on your ability to perform the duties of your position?

NO  
 YES – please provide full details below:

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## Declaration

I have read and fully understand this form. I acknowledge that any non-disclosure or false or misleading information on my part may disentitle myself or my dependents from receiving benefits relating to any recurrence, aggravation or deterioration of any pre-existing injury or medical condition that I may have. I also acknowledge and accept that any non-disclosure or false or misleading information on my part during my employment with Qscan may lead to the termination of my employment. To the best of my knowledge the information I have provided is true and correct.

Name	Date	Signature
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