



**QUEENSLAND POLICE SERVICE
HEALTH ASSESSMENT
Supplementary Medical Questionnaire
(Police Recruit)**



QP 0532C
06/08
A1

Instructions

1. Complete this form in your own handwriting, and read the declaration and waiver carefully before signing.
2. Answer all questions by placing a '✓' in the **YES** or **NO** column corresponding with each question. If the answer to any question is 'YES', supply details in the **ADDITIONAL INFORMATION** section over the page. If space is insufficient, attach a separate sheet.
3. Providing accurate answers to these questions will not necessarily impede your selection but **failing to provide accurate answers is likely to lead to non-selection or termination of your application.**
4. Undertake a full medical examination with a Pre Employment Service (PEMS) provider and include a copy of this document and a copy of your completed medical assessment report when submitting your application to join the QPS.

Title: Mr / Mrs / Ms / Miss Family name: _____

Given name(s): _____ Date of birth: ____ / ____ / ____

Age: _____ Place of birth: _____ Height: _____ cm Weight: _____ kg

Residential address: _____

Suburb/Town: _____ Postcode: _____

Health questions

		YES	NO
1.	Have you EVER had asthma, used an inhaler medication or been troubled by shortness of breath?		
2.	Do you have diabetes or raised blood sugar levels?		
3.	Have you EVER had epilepsy, experienced fits, seizures, convulsions, fainting or blackouts?		
4.	Have you EVER had heart disease, heart murmur or irregular heartbeat?		
5.	Do you experience chest pain or angina?		
6.	Have you EVER been told that you have high blood pressure?		
7.	Have you EVER had any injuries that have led you to see a doctor, physiotherapist or chiropractor?		
8.	Have you EVER been diagnosed with hepatitis, HIV or AIDS?		
9.	In the past two years, have you suffered from migraines or persistent headaches?		
10.	Have you EVER consulted a psychiatrist or psychologist?		
11.	Have you EVER suffered from mental illness, depression, anxiety or stress?		
12.	Have you EVER attempted suicide?		
13.	Have you EVER committed self-harm?		
14.	Have you EVER taken a drug overdose?		
15.	Have you EVER been diagnosed with any form of cancer, including skin cancer?		
16.	Have you EVER suffered from arthritis or any bone or joint problems?		
17.	Have you EVER undergone any operations?		
18.	Do you have any allergies, including food and drug allergies?		
19.	Are you, or should you be, taking any medication from your doctor or from the chemist?		
20.	Have you EVER had shin splints?		
21.	Are you currently receiving treatment for any health conditions?		
22.	Have you EVER claimed Worker's Compensation for any injuries?		
23.	Do you or should you wear glasses or contact lenses? (If 'YES' enclose optometrist's report)		
24.	Are you colour blind to any degree?		
25.	Do you have any trouble hearing?		
26.	Do you know of ANY other circumstances regarding your health and fitness that MIGHT make you unable to carry out the duties of a police officer or MIGHT make you unable to complete the physical training program at the Police Academy without interruption?		
27.	Have you ever served or worked overseas in any capacity within an area experiencing civil unrest? For example Iraq, Afghanistan, East Timor etc.		

Applicant's Signature: _____ **Date:** ____ / ____ / ____

Additional information (Attach a separate sheet if insufficient space.)

If you answered 'yes' to any of the health questions (1–26) on the previous page please provide details in additional information below (include year of onset, treatment and current status of condition).

Question no.	Onset of condition mm/yyyy	Treatment of condition (if any)	Details (including diagnosis)	Cessation of condition mm/yyyy (if applicable)

Fitness

Please provide details of your **current** exercise schedule including details of the type of activity, frequency and duration of each session. (Attach a separate sheet if insufficient space.)

Activity	Duration (mins)	Times per week

Declaration

I, (full name) _____, declare all the answers in this Health Questionnaire to be, to the best of my knowledge and belief, true and correct. I acknowledge that failing to disclose information, withholding information or providing false or misleading information relating to my health and fitness may result in a determination that I am unsuitable for employment by the Queensland Police Service.

Waiver

In making this declaration, I (full name) _____, direct that any medical practitioner who has been or may be consulted by me, shall be and is hereby authorised and directed by me to divulge at any time to the Pre Employment Medical Service (PEMS) provider, or the Commissioner of the Queensland Police Service, any information concerning my health and medical history that he/she may have acquired in the course of any professional attendance by him/her on me, or any professional consultation I have had with him/her and I hereby expressly waive all professional confidence and provisions of laws to privilege forbidding disclosure of such information.

I authorise the Queensland Police Service to retain this Health Questionnaire and any medical reports and I am aware that in the event that my application is unsuccessful, I may request the return of the Medical Questionnaire and any medical reports.

Applicant's signature: _____ Date: ____ / ____ / ____

The collection of this information is authorised by legislation or Queensland Police Service (QPS) policy established under the *Police Service Administration Act (Qld) 1990* and the *Police Powers and Responsibilities Act (Qld) 2000*. The information may be used to assist in performing the statutory functions and responsibilities of the QPS, primarily in this instance, but not limited to, assisting personnel purposes. The QPS may disclose some or all of this information to other State and Federal Government agencies as provided for by legislation or in accordance with the Queensland Government's Privacy Policy.