RECRUIT APPLICATION

HEALTH ASSESSMENT QUESTIONNAIRE

To be completed and taken with you when undertaking your medical examination with the Pre-Employment Medical Service (PEMS) provider.

This is an electronic form. If you would like to fill in this form by hand please click the FILL OUT BY HAND button below.

FILL OUT BY HAND

INSTRUCTIONS

1. Complete this form and read the declaration and waiver carefully before signing.
2. Answer all the questions by placing a [X] in the **YES** or **NO** column corresponding with each questions. If the answer to any questions is **'YES'**, supply details in the **ADDITIONAL INFORMATION** section over the page. If space is insufficient attach a separate sheet.
3. **Regarding Health Question 7.2.8 (a), (b), (c) or (d) you need to provide documented evidence from your treating medical practitioner stating your immunity to the Hepatitis B virus, and attach this information to this questionnaire.**
4. 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.
5. Please ensure you keep a copy of this Health Assessment Questionnaire and the Certificate of Fitness and Indemnity Form for your information and recording your testing results.

7.1 Personal Details

☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Surname (Family Name)

Given Names (In full)

Place of Birth

Age | Height (cm) | Weight (kg)

Current Residential Address

Suburb/Town | Postcode

7.2 Health questions

7.2.1	Have you EVER had asthma, used an inhaler medication or been troubled by shortness of breath?	☐ Yes	☐ No
7.2.2	Do you have diabetes or raised blood sugar levels?	☐ Yes	☐ No
7.2.3	Have you EVER had epilepsy, experienced fits, seizures, convulsions, fainting or blackouts?	☐ Yes	☐ No
7.2.4	Have you EVER had any type of heart condition?	☐ Yes	☐ No
7.2.5	Have you EVER experienced chest pain or angina?	☐ Yes	☐ No
7.2.6	Have you EVER been diagnosed with high blood pressure?	☐ Yes	☐ No
7.2.7	Have you EVER had any injuries that have led you to see a doctor, physiotherapist or chiropractor?	☐ Yes	☐ No
7.2.8	Have you EVER been diagnosed with hepatitis, HIV or AIDS?	☐ Yes	☐ No

Please identify your current Hepatitis B immunity status by ticking the applicable box and attaching the relevant evidence.

(a) Immune

I hereby declare that I have completed the Hepatitis B immunisation program schedule and have an antibody level greater than 10 (>10 mIU/mL). ☐ Yes ☐ No

Attached is documented evidence (serology report) confirming my immunity to Hepatitis B. ☐ Yes ☐ No

(b) Currently Undertaking a Hepatitis B Vaccination Program

Date of First Hep B Vaccination / /

Date of Second Hep B Vaccination / /

Date of Third Hep B Vaccination / /

Dates of any subsequent Hep B Vaccinations / / | / / | / /

Post-vaccination Blood Test Due / /

(c) Non-Responder

I hereby declare that I have undertaken the Hepatitis B immunisation program schedule however **do not** hold an antibody level greater than 10 (<10 mIU/mL). ☐ Yes ☐ No

Attached is documented history of my primary course, and additional immunisation (no less than 3) of Hepatitis B vaccine, and serology report indicating a current antibody level <10. ☐ Yes ☐ No

Attached is the completed & signed Hepatitis B Declaration. ☐ Yes ☐ No
(*to be completed with your treating GP*)

(d) Conscientious Objector

I hereby declare that I have a **personal/philosophical/religious/medical** belief (*please circle your reason*) against vaccination. I therefore have chosen not to participate in a Hepatitis B vaccination program. ☐ Yes ☐ No

Attached is the completed & signed Hepatitis B Declaration. ☐ Yes ☐ No
(*to be completed with your treating GP*)

7.2.9 In the past two years, have you suffered from migraines or persistent headaches? ☐ Yes ☐ No

7.2.10 Have you EVER been diagnosed with any form of cancer, including skin cancer? ☐ Yes ☐ No

7.2.11 Have you EVER suffered from arthritis or any bone or joint problems? ☐ Yes ☐ No

7.2.12 Have you EVER undergone any operations? ☐ Yes ☐ No

7.2.13 Do you have any allergies, including food and drug allergies? ☐ Yes ☐ No

7.2.14 Are you, or should you be, taking:

(a) Medication prescribed by your doctor? ☐ Yes ☐ No

(b) Medication available from a chemist? ☐ Yes ☐ No

(c) Supplements? ☐ Yes ☐ No

7.2.15 Have you EVER had shin splints? ☐ Yes ☐ No

7.2.16 Are you currently receiving treatment for any health conditions? ☐ Yes ☐ No

7.2.17 Do you or should you wear glasses or contact lenses? ☐ Yes ☐ No

7.2.18 Do you have any form of colour vision impairment? ☐ Yes ☐ No

7.2.19 Do you have any trouble hearing? ☐ Yes ☐ No

7.2.20 Have you EVER had a suspected or diagnosed sleep-related condition (e.g. sleep apnoea, narcolepsy)? ☐ Yes ☐ No

7.2.21 Have you EVER had a suspected or diagnosed mood or affective disorder (e.g., depression, bipolar disorder)? ☐ Yes ☐ No

7.2.22 Have you EVER had a suspected or diagnosed anxiety disorder (e.g. obsessive-compulsive disorder, PTSD, panic disorder, anxiety)? ☐ Yes ☐ No

7.2.23 Have you EVER had a suspected or diagnosed psychotic illness (e.g. psychosis, hallucinations or delusions, schizophrenia)? ☐ Yes ☐ No

7.2.24 Have you EVER had a suspected or diagnosed neuro-behavioural disorder (e.g. ADD, ADHD)? ☐ Yes ☐ No

7.2.25 Have you EVER had a suspected or diagnosed substance use disorder (e.g. alcohol/drug dependence)? ☐ Yes ☐ No

7.2.26 Have you EVER had a suspected or diagnosed learning difficulty, disorder or disability (e.g. dyslexia)? ☐ Yes ☐ No

7.2.27 Have you EVER attempted suicide and/or self-harm? ☐ Yes ☐ No

7.2.28 Have you EVER had a history of drug use and/or drug overdose? ☐ Yes ☐ No

7.2.29 Have you EVER had a prescription drug dependency? ☐ Yes ☐ No

7.2.30 Have you EVER been admitted to a hospital for treatment of a psychiatric, psychological or substance-related condition? ☐ Yes ☐ No

7.2.31 Have you EVER been treated as an outpatient at a hospital for a psychiatric, psychological or substance-related condition? ☐ Yes ☐ No

7.2.32 Have you EVER been treated at a community mental health clinic for a psychiatric, psychological or substance-related condition? ☐ Yes ☐ No

7.2.33 Have you EVER experienced any other psychological or psychiatric conditions, disorders, or problems not outlined above? ☐ Yes ☐ No

7.2.34 Have you EVER consulted or been treated by a psychiatrist, psychologist, counsellor, or other mental health professional? ☐ Yes ☐ No

7.2.35 Have you EVER served or worked overseas in any capcity within an area experiencing civil unrest (e.g. Iraq, Afghanistan, East Timor)? ☐ Yes ☐ No

7.2.36 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? ☐ Yes ☐ No

Might make you unable to complete the physical training program at the police academy without interruption? ☐ Yes ☐ No

Applicant signature Date

Make sure you sign and date here when you have printed this document

7.3 Additional information

(attach a separate sheet if insufficient space)

If you answered YES to any of the health questions on the previous 2 pages, please provide details below (include year of onset, treatment and current status of condition).

Question Number	**Onset of condition** mm/yyyy	**Treatment of condition** (if any)	**Details** (including diagnosis)	**Cessation of condition** mm/yyyy(if applicable)
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DECLARATION

Applicant Full Name

I, _____ 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,

Applicant Full Name

I, _____ 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 my General Practioner and/ or 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 relevant medical reports.

Applicant signature **Date**

Make sure you sign and date here when you have printed this document

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.

HEPATITIS B DECLARATION

I, _____ _____ _____

First Name Middle Name Last Name

Hereby declare that:

- I have discussed the benefits and risks of immunisation with my treating practitioner and taken into account the information provided.
- I understand that I may be exposed to the Hepatitis B virus whilst undertaking policing duties throughout a career as a QPS officer.
- I am aware of my risk of contracting the Hepatitis B virus and have discussed risks and prevention strategies with my treating practitioner.
- I am aware of the recommended management actions to apply in the event of a potential exposure to infected blood and bodily fluids.

Applicant signature:

	Date:
	D D M M Y Y Y Y

Make sure you sign and date here when you have printed this document

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TO BE COMPLETED BY A QUALIFIED MEDICAL PRACTITIONER

As a qualified medical practitioner, I hereby declare that the information provided by *(Applicant Name)* is a true and accurate representation of the applicant's current status of immunity to the Hepatitis B virus.

I hereby declare that I have *(Please tick)*:

- ☐ Discussed the benefits and risks of immunisation with the applicant.
- ☐ Discussed occupational risk and prevention strategies to manage the risk of contracting Hepatitis B in a policing environment.
- ☐ Informed the applicant on management action to apply in the event of a potential exposure to infected blood and bodily fluids.

Name of qualified medical practitioner:

_____

Registration number: _____

Medical practitioner signature:

	Date:
	D D M M Y Y Y Y

Hepatitis B in the Policing Environment – Fact Sheet

What is Hepatitis B?

Hepatitis B is a virus that when contracted, inflames the liver. The Hepatitis B virus (HBV) is a blood-borne virus, simply meaning that the virus is transmitted through exposure to blood of an infected person. HBV can cause either acute (short-term) or chronic (long term) liver disease. The virus can survive for up to seven days in blood outside the body.

How is it contracted?

HBV lives in blood or other bodily fluids, it is spread through blood-to-blood contact with an infected person. In the policing environment, the risk is created when infected blood comes into contact with member's blood through:

- Needles or other equipment which can cause a penetration wound
- Knives or other sharp edge weapons
- Spitting blood, biting with blood in the mouth
- Physical contact

How is Hepatitis B *not* contracted?

HBV is not spread through spitting or saliva exchange, blood is required for there to be a risk. Bites that break the skin and draw blood are very low risk. Further to this HBV cannot be transmitted through:

- Coughing and sneezing
- Contact with faeces and urine
- Blood or saliva on a uniform or unbroken skin

I have been exposed to blood or bodily fluid, what do I do?

Exposure Classification	Risk Factors	Action
Definite exposure	• Skin penetrating injury with a needle contaminated with blood • Laceration or similar wound which causes bleeding and is produced by an instrument that is visibly contaminated with blood	• Apply first aid, wash site with soap and water or flush mucous membranes (eyes, mouth etc.) with water/saline • Attend hospital for blood test (baseline) • Complete incident report • Follow up with GP for further blood testing
Possible exposure	• Superficial injury with a needle contaminated with blood • A wound produced by an instrument contaminated with blood but not associated with visible bleeding • Prior (not fresh) wound or skin lesion contaminated with blood • Mucous membrane contact with blood • Human bite with blood exposure	
Doubtful exposure	• Superficial injury with a needle considered not to be contaminated with blood • Superficial wound not associated with visible bleeding produced by an instrument considered not to be contaminated with blood	

	• Prior wound or skin lesion contaminated with a body fluid other than blood and with no trace of blood • Human bite with no blood exposure e.g. saliva	
Non-exposure	• Intact skin visibly contaminated with blood or bodily fluid • Needle-stick with non-contaminated (clean) needle	• Apply first aid, wash site with soap and water or flush mucous membranes (eyes, mouth etc.) with water/saline • No blood testing required • Complete incident report

What are the symptoms?

Persons that contract HBV may not be aware they have contracted the virus as no symptoms occur during the acute stage. Possible early signs and symptoms may include:

- Feeling unwell
- Loss of appetite
- Dark urine
- Yellow skin known as jaundice
- Right upper abdominal pain

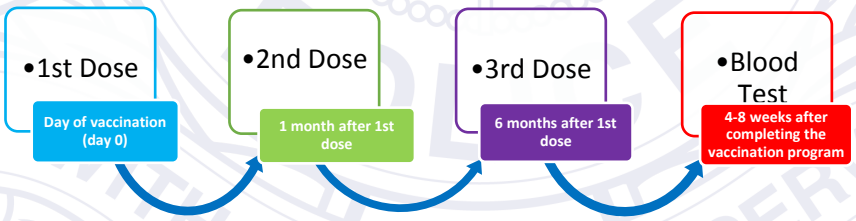
How can I eliminate my risk?

Vaccination is the most effective method of preventing contraction of Hepatitis B. Vaccination involves three doses of HBV vaccine over six months, followed by a blood test after completion of the vaccination course to confirm immunity. Successful vaccination eliminates the risk of contracting HBV.

Antibodies to the Hepatitis B virus (anti-HBs) are measured by a blood test (serology test) to confirm whether an individual has gained immunity. An anti-HBs level greater than 10 confirms immunity against the virus (>10 mIU/mL).

Hepatitis B vaccination program

The Hepatitis B vaccination program consists of a 3 dose schedule taken at 0, 1 and 6 months as illustrated in the diagram below:



Do I need a booster dose of the vaccine?

Booster doses of the Hepatitis B vaccine are not recommended for those that have successfully completed the Hepatitis B vaccination program. This is due to the fact that completing a primary course provides long-lasting protection. Although antibody levels may decline with time and become undetectable in blood test reports (anti-HBs levels are <10), immune memory persists and will respond upon re-exposure to the virus.

What is a non-responder?

A non-responder is one of the low percentage of people who do not build up an adequate immune response after receiving two, 3-shot series of the HBV vaccine. In other words, they complete one series of the HBV vaccine, as shown above, however the blood test reveals anti-HBs levels below 10. The series is repeated and again the blood test indicates anti-HBs levels below 10. This is the maximum HBV vaccinations that can be undertaken. Non-responders are considered to not be able to achieve immunity for HBV.

What is a conscientious objector?

A conscientious objector is an individual that chooses not to participate in a vaccination program. Non-participation can be based on a number of reasons including:

- Personal reasons
- Philosophical opinions
- Religious views
- Medical beliefs

I am a non-responder or conscientious objector, how can I minimise my risk?

- Treat all blood and body fluids as infectious
- Always utilise PPE
    - Approved gloves when handling blood or bodily fluids
    - Wear face shields and eyewear where there is a risk of being splashed in the face

- Adopt safe search techniques
    - Slow systematic approach to searching
    - Do not slide hand when searching
    - Use tools to examine hard-to-access areas rather than your hand
    - Do not put your hand in places you cannot see

- Avoid exposing broken skin
    - Cover wounds/cuts/blisters with water proof dressings
    - Avoid contact with a person's open wounds

- Safe handling and disposal of sharps
    - Always hold the syringe by the barrel with a gloved hand
    - Never move your hands across your body when handling a sharp
    - Dispose sharps in sharps container (a yellow, rigid walled container displaying the biohazard label and symbol)
    - If a sharps container is not accessible, dispose the sharp in a thick plastic drink bottle

For further information visit:

ANZPAA, Police and Blood-Borne Viruses
http://www.anzpaa.org.au/our-work/publications/blood-borne-viruses

Queensland Health, Hepatitis B
http://conditions.health.qld.gov.au/HealthCondition/condition/8/118/74/hepatitis-b

Hepatitis Queensland
http://www.hepqld.asn.au/

Immunise Australia Program
http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/immunise-hepb