



**MDN CONSULTING PTY LTD**  
**Pre Placement Medical Self-Assessment**

Date  / /
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MDN Consulting Pty Ltd  
 Executive Search/Selection - Human Resource Management  
 Management Consulting

Family Name		Given Names	
Position Title	Location	Company	

**NOTE FOR APPLICANTS COMPLETING THIS FORM**

This pre-placement medical questionnaire is aimed at determining if you have any medical problems which:

- would limit you in being reasonably able to perform the job
- would be likely to be significantly aggravated by the job.

You may be referred to a Medical Practitioner for further assessment. Where problems are found, the client is advised of any restrictions, or limitations and job modifications which would enable you to do the job or minimise risks of aggravation. It is the responsibility of the client to then assess the degree of limitations or risk, and potential job modifications, to determine whether these would be acceptable or practicable.

**STANDARD QUESTIONNAIRE**

	Yes	No
Have you ever been unable to manage a job similar to this one for medical problems that are still current?		
Do you suffer with any chronic or recurring medical problems which are likely to periodically limit what work you can do?		
Do you regularly take any medication which is likely to affect you in this job? (eg driving, operation of computer equipment)		
Do you have any medical problems or physical limitations which you feel are likely to restrict your capacity to do this job?		
Would you like any further explanation regarding any of the above questions?		

**NOTE:** APPLICANTS WITH ANY 'YES' RESPONSES NEED TO BE REFERRED TO A MEDICAL PRACTITIONER. TELEPHONE MARK NICOL, (07) 3711 9581 TO ARRANGE.

<p>I hereby declare that the information supplied by me in response to this questionnaire is to the best of my knowledge and belief true and accurate and that I have not knowingly withheld information which would assist in the assessment of my suitability to undertake the duties associated with the position. In making this declaration, I agree that I have been informed as to the duties associated with the position. I understand that if I give false information, XXXX may terminate my employment.</p> <p>Applicant.....</p> <p>Signature..... Dated / /</p> <p>Witness.....</p> <p>Signature..... Dated / /</p>	<p><b>RETURN TO:</b></p> <p>MDN Consulting Pty Ltd          GPO Box 605          Brisbane Qld 4001          Or fax to          (07) 3272 0988</p>
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