

PRE-EXISTING INJURY OR DISEASE DECLARATION

Majestic Services Group (Majestic Services) provides a safe work environment for its employees. The completion of this declaration is a requirement to ensure that no person is placed in an environment or given tasks that will result in physical or mental harm.

Under the various State or Territory workers compensation legislative provisions (**Legislation**), workers are required to disclose details of any pre-existing injuries or diseases that may be affected by the proposed employment.

Failure to disclose such information and the subsequent recurrence, aggravation, acceleration, exacerbation or deterioration of the pre-existing injury or disease may result in the worker, or dependents, not being entitled to compensation under the Act.

You are required to disclose to Majestic Services any pre-existing illness, disease, injury, ailment or condition i.e. mental illness that you have suffered or continue to suffer of which you are aware and could reasonably be expected to foresee and could be affected by the nature of the proposed employment.

Are you aware of any circumstances regarding your health or capacity to work that would interfere with your ability to perform the duties of the position? (This question also covers factors such as existing or exposure to infectious diseases). <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide details:
Are you taking any medication or receiving treatment on a regular basis (daily, weekly, monthly) that may affect your health and safety? i.e. medication that makes you feel fatigued or dizzy? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes please explain:
Do you have an existing injury or condition or pre-existing injury or condition? Existing is a condition that you are still being treated for (includes mental illness). Pre-existing is where an injury or condition/s is present but treatment is not required. <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide details:
Have you ever been medically retired from a previous position? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes please, please provide details:

I, of
(Print Full Name) (Address)

The information stated is true and complete to the best of my knowledge and no information concerning my past or present state of health has been withheld. I hereby agree to undergo a health assessment by a Medical Practitioner if deemed necessary by Majestic Services.

I understand that any willfully incorrect or misleading answer or material omission which relates to any of the questions before mentioned may make me ineligible for employment, or if employed, liable to dismissal. I understand that this pre-employment health declaration may form part of my file.

Do solemnly and sincerely declare that:

- I have a preexisting injury or disease that will prevent me from doing the duties as outlined in my position description **or**;
- I have had a preexisting injury or disease that will prevent me from doing the duties as outlined in my position description **or**;
- I have not had a pre-existing injury or disease that will prevent me from doing the duties as outlined in my position description.

Signature of employee: Date:

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