



STATEMENT OF PERSONAL HEALTH & CIRCUMSTANCES

WARNING: This document forms a part of your application for employment under the Police Act 1998 and/or the Protective Security Act 2007. Questions not correctly or fully answered, or the withholding of relevant information, may lead to prosecution for making a false statement pursuant to the provisions of Section 69 of the Police Act 1998 and/or Section 40 of the Protective Security Act 2007. A maximum penalty of \$2,500 or six months imprisonment applies.

1. Name: Date of Birth:

Address:

Present Occupation:

Past Occupation (s):

Sporting Activities:

2. Do you smoke tobacco? If so, in what form
and in what quantity per week? YES / NO.....

Do you take alcohol? If so, in what form
and in what quantity per week? YES / NO.....

Have you ever used illegal drugs or substances?
If yes, give details YES / NO.....
.....

Do you take any prescribed medications?
Name, and give reasons for taking them. YES / NO.....
.....

Do you take alternative or herbal medication?
Name, and give reasons for taking them. YES / NO.....
.....



Have you been immunised against Tetanus, Diphtheria, Whooping Cough, Polio, Hepatitis? If so, state which and year of vaccination.

YES / NO.....

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Have you received or are you seeking compensation for any injury or illness?

YES / NO.....

Have you attended or enrolled in any special education support programs during school?

YES / NO.....

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3. Have you suffered from or had symptoms of any of the following. If 'yes' indicate dates of illness, injury, operation, symptom. If space provided is insufficient please attach additional sheet with information.

(a) Asthma, pneumonia, pleurisy, persistent cough or any other infection of throat or lungs

YES / NO.....

(b) Breathing difficulties or shortness of breath

YES / NO.....

(c) Allergies, hay fever

YES / NO.....

(d) Skin disease / allergies

YES / NO.....

(e) Convulsions, fainting, concussion

YES / NO.....

(f) Learning difficulties during school

YES / NO.....

(g) Emotional disorder, eating disorder

YES / NO.....

(h) Anxiety, depression, phobia

YES / NO.....

(i) Mental illness, nervous breakdown

YES / NO.....

(j) Recurrent indigestion, stomach illness

YES / NO.....

(k) Arthritis, bone or muscular pains, or rheumatic fever

YES / NO.....

(l) Any sporting injury / fractures

YES / NO.....

(m) Disease of the bladder, the genital organs or the kidney (including renal colic stones etc.)

YES / NO.....

(n) Heart disease / condition, raised blood pressure or chest pain or raised blood cholesterol

YES / NO.....

- (o) Deafness, ear discharge, dizziness, or sinus trouble YES / NO.....
- (p) Disease / condition of lung, bowel or kidney YES / NO.....
- (q) Diabetes YES / NO.....
- (r) Cancer or tumour of any type YES / NO.....
- (s) Hernia or rupture YES / NO.....
- (t) Operations YES / NO.....
- (u) Have you ever been hospitalised?
Please give details YES / NO.....
- (v) Sleeping difficulty, emotional upset or disturbing dreams / memories YES / NO.....
- (w) Self-harming episodes? YES / NO.....
- Have you ever consulted a chiropractor? YES / NO.....
- Have you ever consulted a physiotherapist? YES / NO.....
- Do you wear orthotics and/or require special footwear? YES / NO.....
- Have you ever consulted a counsellor, psychiatrist, psychologist, hypnotherapist, acupuncturist, naturopath or other alternate practitioners? (If 'yes' provide profession, name and contact details.) YES / NO.....

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4. Give details of any accidents (including driving/motor vehicle accidents) or illnesses not referred to above. Include details of medical examinations, advice and/or treatments, x-rays, worker's compensation claims, motor vehicle injury claims or veteran's compensation claims.

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5. Family History: (State if deceased. Give age as at time of death).

Full Name in Block Letters	Age	List any illness experienced by each and, if deceased, the cause of death
Father:
Mother:
Brothers:.....
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.....
.....
Sisters:
.....
.....
.....

6. Has any near relative suffered from diabetes?
(If 'yes' give details) YES / NO.....

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7. Has any near relative suffered from epilepsy?
(If 'yes' give details) YES / NO.....

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8. Has any near relative suffered from any form
of heart disease?
(If 'yes' give details) YES / NO.....

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9. Have you ever stayed or lived for an extended
period (greater than 3 months) in a
high Tuberculosis (TB) risk country? YES / NO.....

Are you aware of past contact with a TB case? YES / NO.....

Have you ever been treated for TB? YES / NO.....
Have you ever had a positive Mantoux skin test YES / NO.....
Has any near relative suffered from TB? YES / NO.....

10. Has any near relative suffered from any form of mental disease or nervous breakdown etc.? (If 'yes' give details) YES / NO.....
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11. Do you now, or have you at any time, worn glasses or contact lenses? (If 'yes' give details) YES / NO.....
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Do you avoid, or experience difficulty when driving at night, dawn, dusk, or when visibility is low? If yes, give details? YES / NO.....
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Do you have problems with colour discrimination or are you colour blind? YES / NO.....

12. Do you have difficulty hearing a conversation in a noisy room?: (If 'yes' give details) YES / NO.....
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13. Name and address of your family doctor:
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14. Have you ever been exposed to any incident or activity which you now try hard not to think about, or which drives you to avoid similar situations? (If 'yes' give details) YES / NO.....
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15. Have you ever witnessed the death of another person? (If 'yes' give details) YES / NO.....
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16. Have you ever seen a deceased person? (If 'yes' give details) YES / NO.....
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17. Have you ever been involved in the recovery, disposal or other handling of a deceased person? (If 'yes' give details) YES / NO.....
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18. Have you ever been directly/indirectly involved in the cause of death of another person? (If 'yes' give details) YES / NO.....
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19. Has any family member, friend or colleague ever been killed, unlawfully detained, assaulted or robbed? (If 'yes' give details) YES / NO.....
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20. Other than any previous employment with SA Police, have you worked with or for military/police agencies? (If 'yes' give details) YES / NO.....

21. Have you ever lived or worked in an area subject to armed conflict, military operations, martial law, or the operation of peacekeeping forces? (If 'yes' give details) YES / NO.....

22. Have you ever been involved in or witnessed the assault, robbery, unlawful detention or torture of another person? (If 'yes' give details) YES / NO.....

23. Have you been exposed to any other event or experience (not covered by previous questions) which had a traumatic effect on you? (If 'yes' give details) YES / NO.....

DECLARATION

The information provided by me in this document is true and accurate to the best of my knowledge and belief.

I acknowledge that questions not correctly or fully answered, or the withholding of relevant information, may lead to prosecution for making a false statement pursuant to the provisions of Section 69 of the Police Act 1998 and/or Section 40 of the Protective Security Act 2007, and that a maximum penalty of \$2,500 or six months imprisonment applies.

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(Witness)

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(Signature of Applicant)

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