



## WorkCover and Pre-Existing Injury/Disability Details

Simpsons has a duty of care to ensure that all of its staff, while they are at work, are safe from injury and health risks, so far as this is reasonably practicable.

So that you are not placed in a work situation where you may be at risk, we need to be sure that you are physically capable of performing the tasks which are part of any work which you may be asked to do. In order to help us fulfill our responsibilities to you, please answer the following questions and sign below.

1. Have you any pre-existing injury, disability, illness, medical condition or allergy? For example chemical or other allergies, hay fever, asthma, back injury etc.

(Please tick)

YES

NO

If **YES**, please give details:

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(If you need more space, please attach a separate sheet.)

2. Have you previously made any Workers' Compensation claims?

(Please tick)

YES

NO

If **YES**, please give details:

Year	Nature of Injury	Medical clearance to return to work obtained? Yes/No	Current Restrictions

I confirm that the above details are true and correct and I consent to Simpsons obtaining confirmation of the above information. I understand that this information will remain confidential and will only be used to assess my capacity to perform tasks which may form part of my work duties. I undertake to inform Simpsons of any additions or changes to the above information which may affect my ability to perform tasks or will affect the health and safety of the workplace. **I understand that failing to notify or hiding pre-existing injuries or illnesses, which might be affected by proposed employment, could result in that injury or illness being ineligible for future compensation claims.**

Your Name: .....

Your Signature: .....

Date of Birth: .....

Today's Date: .....