



KYABRAM DISTRICT
HEALTH SERVICE

Pre-existing Injury / Disease / Medical Condition Disclosure

Instructions on Use

This form is used to collect information on pre-existing injuries, diseases and medical conditions. When completed it must be forwarded to the Human Resources Department.

Kyabram District Health Services is committed to providing a safe working environment for its employees. As a part of this it is our objective to ensure staff work on duties that they are able to perform safely.

The position description for your job describes the position and the nature of the work you will be undertaking. The job may involve some physical activities such as pulling, pushing, stretching or repetitive movement. The position may also be demanding and stressful.

Under Section 82 of the *Accident Compensation Act* (1985) you are required to disclose to us any pre-existing injury or disease which may affect the work you will be undertaking for Kyabram District Health Services.

A failure to make a disclosure, or the making of a false or misleading disclosure, may disentitle you to compensation under the *Act* should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of your pre-existing injury, disease or medical condition arising out of the course of your employment with Kyabram District Health Services. Kyabram District Health Services will rely upon any failure to disclose a pre-existing injury, disease or medical condition to deny compensation according to the *Act*.

Please disclose below any pre-existing physical injuries, diseases, medical or mental health condition that you have suffered which could affect you carrying out your duties of employment at Kyabram District Health Services.

Employee Name: _____

Employee Signature: _____ **Date:** _____

Form Title:	Pre-existing Injury/Disease Disclosure form
Form Code:	HRMFRM.075
Approval Date:	August 2011
Responsibility for Review:	Human Resources Manager
Additional copies of this form are available from:	HR Intranet site