



Goona Ambooriny Jirra Buru ABN 90618231860

Jirra Buru

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Volunteer Health Self Assessment

| Name: | | | | | |
|--|--|-----|----------|---|-----|
| <p><i>It is important that any medical conditions or factors relating to your health and or physical fitness be disclosed so that we can ensure your safety and the safety of all volunteers.</i></p> <p><i>Please read all questions carefully, responses may be referred to in the case of any future claim occurring so, honesty is vital.</i></p> <p><i>Please be aware that medical treatment is not free if you do not have a Medicare card, and charges may apply even if you do. Appropriate travel Insurance is recommended in all circumstances.</i></p> | | | | | |
| Do you have or have you ever experienced any of the following | | | | | |
| Q No: | Item | Y/N | Q No: | Item | Y/N |
| A | High blood pressure or heart disease? | | K | Diabetes? | |
| B | Asthma, bronchitis, wheeze, lung disease? | | L | Fainting episodes? | |
| C | Stomach pains, ulcers or hernia? | | M | Back, neck or spinal injury? | |
| D | Migraines? | | N | Arthritis, rheumatism or chronic joint pain? | |
| E | Eye disease, poor vision? | | O | Joint injury? | |
| F | Poor hearing? | | P | Repetitive strain injury? | |
| G | Allergies, hay-fever or sinus issues? | | Q | Foot pain? | |
| H | Eczema, dermatitis or other skin problems? | | R | Do you have any special needs? | |
| I | Anxiety, depression or other diagnosed mental illness? | | S | Do you have any medical concerns not noted here? | |
| J | Epilepsy, fits or convulsions? | | T | Would you like to discuss any information privately prior to signing this document? | |
| Please provide further information about any question to which you answered yes. | | | | | |
| Q: | | | | | |
| Q: | | | | | |
| Q: | | | | | |
| <p>I confirm that to the best of my knowledge the above information is a true representation of my general health. I know of no significant safety risks posed by my employment at Kooljaman.</p> | | | | | |
| Signed | | | | Date | |

