



# RECRUIT APPLICATION

## HEALTH ASSESSMENT QUESTIONNAIRE

To be completed in your own handwriting and taken with you when undertaking your medical examination with the Pre-Employment Medical Service (PEMS) provider.

### Instructions

1. Complete this form in your own handwriting, and read the declaration and waiver carefully before signing.
2. Answer all the questions by placing a  in the **YES** or **NO** column corresponding with each questions. If the answer to any questions is 'YES', supply details in the **ADDITIONAL INFORMATION** section over the page. If space is insufficient attach a separate sheet.
3. Providing accurate answers to these questions will not necessarily impede your selection, but failing to provide accurate answers is likely to lead to non-selection or termination of your application.
4. Please ensure you keep a copy of this Health Assessment Questionnaire and the Certificate of Fitness and Indemnity Form for your information and recording your testing results.

### 7.1 Personal Details

Mr  Mrs  Ms  Miss

Surname (Family Name)

Given Names (In full)

Place of Birth

Age

Height (cm)

Weight (kg)

Current Residential Address

  

Suburb/Town

Postcode

### 7.2 Health questions

7.2.1 Have you EVER had asthma, used an inhaler medication or been troubled by shortness of breath?  Yes  No

7.2.2 Do you have diabetes or raised blood sugar levels?  Yes  No

7.2.3 Have you EVER had epilepsy, experienced fits, seizures, convulsions, fainting or blackouts?  Yes  No

7.2.4 Have you EVER had heart disease, heart murmur or irregular heartbeat?  Yes  No

7.2.5 Have you EVER experienced chest pain or angina?  Yes  No

7.2.6 Have you EVER been diagnosed with high blood pressure?  Yes  No

7.2.7 Have you EVER had any injuries that have led you to see a doctor, physiotherapist or chiropractor?  Yes  No

7.2.8 Have you EVER been diagnosed with hepatitis, HIV or AIDS?  Yes  No

7.2.9 In the past two years, have you suffered from migraines or persistent headaches?  Yes  No

7.2.10 Have you EVER been diagnosed with any form of cancer, including skin cancer?  Yes  No

7.2.11 Have you EVER suffered from arthritis or any bone or joint problems?  Yes  No

7.2.12 Have you EVER undergone any operations?  Yes  No

7.2.13 Do you have any allergies, including food and drug allergies?  Yes  No

7.2.14 Are you, or should you be, taking any medication from your doctor or from the chemist?  Yes  No

7.2.15 Have you EVER had shin splints?  Yes  No

7.2.16 Are you currently receiving treatment for any health conditions?  Yes  No

7.2.17 Do you or should you wear glasses or contact lenses?  Yes  No

- 7.2.18 Are you colour blind to any degree?  Yes  No
- 7.2.19 Do you have any trouble hearing?  Yes  No
- 7.2.20 Have you EVER had a suspected or diagnosed mood or affective disorder (e.g., depression, bipolar disorder)?  Yes  No
- 7.2.21 Have you EVER had a suspected or diagnosed anxiety disorder (e.g. obsessive-compulsive disorder, PTSD, panic disorder, anxiety)?  Yes  No
- 7.2.22 Have you EVER had a suspected or diagnosed psychotic illness (e.g. psychosis, hallucinations or delusions, schizophrenia)?  Yes  No
- 7.2.23 Have you EVER had a suspected or diagnosed neuro-behavioural disorder (e.g. ADD, ADHD)?  Yes  No
- 7.2.24 Have you EVER had a suspected or diagnosed substance use disorder (e.g. alcohol/drug dependence)?  Yes  No
- 7.2.25 Have you EVER had a suspected or diagnosed learning difficulty, disorder or disability (e.g. dyslexia)?  Yes  No
- 7.2.26 Have you EVER attempted suicide and/or self-harm?  Yes  No
- 7.2.27 Have you EVER had a history of drug use and/or drug overdose?  Yes  No
- 7.2.28 Have you EVER used illegal drugs?  Yes  No
- 7.2.29 Have you EVER had a prescription drug dependency?  Yes  No
- 7.2.30 Have you EVER been admitted to a hospital for treatment of a psychiatric, psychological or substance-related condition?  Yes  No
- 7.2.31 Have you EVER been treated as an outpatient at a hospital for a psychiatric, psychological or substance-related condition?  Yes  No
- 7.2.32 Have you EVER been treated at a community mental health clinic for a psychiatric, psychological or substance-related condition?  Yes  No
- 7.2.33 Have you EVER experienced any other psychological or psychiatric conditions, disorders, or problems not outlined above?  Yes  No

7.2.34 Have you EVER consulted or been treated by a psychiatrist, psychologist, counsellor, or other mental health professional?  Yes  No

7.2.35 Have you EVER served or worked overseas in any capacity within an area experiencing civil unrest? For example Iraq, Afghanistan, East Timor?  Yes  No

7.2.36 Do you know of ANY other circumstances regarding your health and fitness that:

Might make you unable to carry out the duties of a police officer?  Yes  No

Might make you unable to complete the physical training program at the police academy without interruption?  Yes  No

Applicant signature

Date

 /  /

### 7.3 Additional information

(attach a separate sheet if insufficient space)

If you answered YES to any of the health questions on the previous 2 pages, please provide details below (include year of onset, treatment and current status of condition).

Question Number	Onset of condition mm/yyyy	Treatment of condition (if any)	Details (including diagnosis)	Cessation of condition mm/yyyy (if applicable)
	/			/
	/			/
	/			/
	/			/
	/			/

### 7.4 Fitness

Please provide details of your current exercise schedule including details of the type of activity, frequency and duration of each session (attach a separate sheet if insufficient space.)

Activity	Duration (mins)	Times per week

### DECLARATION

#### Applicant Full Name

I,  declare all the answers in this Health Questionnaire to be, to the best of my knowledge and belief, true and correct. I acknowledge that failing to disclose information, withholding information or providing false or misleading information relating to my health and fitness may result in a determination that I am unsuitable for employment by the Queensland Police Service.

### WAIVER

In making this declaration,

#### Applicant Full Name

I,  direct that any medical practitioner who has been or may be consulted by me, shall be and is hereby authorised and directed by me to divulge at any time to the Pre Employment Medical Service (PEMS) provider, or the Commissioner of the Queensland Police Service, any information concerning my health and medical history that he/she may have acquired in the course of any professional attendance by him/her on me, or any professional consultation I have had with him/her and I hereby expressly waive all professional confidence and provisions of laws to privilege forbidding disclosure of such information.

I authorise the Queensland Police Service to retain this Health Questionnaire and any relevant medical reports.

#### Applicant signature

#### Date

The collection of this information is authorised by legislation or Queensland Police Service (QPS) policy established under the Police Service Administration Act (Qld) 1990 and the Police Powers and Responsibilities Act (Qld) 2000. The information may be used to assist in performing the statutory functions and responsibilities of the QPS, primarily in this instance, but not limited to, assisting personnel purposes. The QPS may disclose some or all of this information to other State and Federal Government agencies as provided for by legislation or in accordance with the Queensland Government's Privacy Policy.



# RECRUIT APPLICATION

## CERTIFICATE OF INDEMNITY AND FITNESS FORM

To be taken with you when completing your medical with the PEMS provider.

### Instructions

As part of the recruitment process, applicants are required to participate in a range of fitness assessments. As part of these assessments applicants will be required to undertake a range of physical activities to demonstrate they have a reasonable degree of aerobic and physical fitness. The assessments also assist in determining whether or not an applicant has the capacity to complete the physical training program and perform the physical demands of an operational police officer.

The physical activities an applicant will be required to complete include:

- **Hang Test** - using an over-hand grip applicants are required to hold themselves for 3 seconds with their elbows at 90 degrees or less.
- **Prone Bridge Test** - applicants are required to hold their body in a straight line from shoulders to ankles (down position of a push up) for at least 90 seconds.
- **Push Ups** - applicants will be required to demonstrate at least 10 standard push ups. (toes will support the weight of the legs).
- **Beep Test** - applicants must at least achieve the minimum level for their age and gender as listed below (the Beep Test is also known as a Shuttle Run).

AGE/GENDER	LEVELS		
	A	B	C
U 30 Male	≥ 9/4	9/3 - 8/6	8/5 - 7/8
30-39 Male	≥ 8/5	8/4 - 7/10	7/9 - 7/1
40+ Male	≥ 7/7	7/6 - 7/1	6/10 - 6/3
U30 Female	≥ 7/5	7/4 - 6/10	6/9 - 6/3
30-39 Female	≥ 7/1	6/10 - 6/5	6/4 - 5/6
40+ Female	≥ 6/5	6/4 - 5/7	5/6 - 5/1

- **Illinois Agility Test** - applicants are required to demonstrate their agility by running around a series of cones as quickly as possible.
- **Hand Grip Dynamometry Test** - applicants will be required to complete 2 reps on each hand @ 30kg or greater.
- **Practical Firearms Assessment** - applicants are required to complete 4 tests utilising QPS training guns to ensure they have the arm and grip strength to operate QPS issued Glock firearms.
- **Operational Simulation Exercise** - applicants are required to complete a simulated exercise mimicking activities of an operational police officer
- **Dummy Drag** - Immediately after completing the Operational Simulation Exercise, applicants are required to drag a 50kg dummy for 10 metres
- **100m Clothed Swim** - applicants are required to swim fully clothed for 100 metres utilising either Freestyle, Breast stroke or Survival Stroke

### Note For Examining Doctor

Please assess the police recruit applicant to determine fitness to undertake the physical assessments outlined above and **issue the certificate of fitness to the applicant**. The applicant has been requested to complete a medical history questionnaire, which may assist you to examine his/her fitness. This questionnaire may be retained for your records if so desired.

If you have any reservations about this applicant's physical capacity to undertake the physical testing, please do not hesitate to refer him/her to a cardiologist or other appropriate medical specialist.

### CERTIFICATE OF FITNESS

I,  hereby certify that I have examined  aged  who was born on  and who is an applicant for admission as a police recruit to the Queensland Police Service. I have found that he/she is medically fit to undergo all of the physical assessments as outlined above.

**Medical Practitioner's Signature**

**Date**

**APPLICANT FORM**

**NOTE:** All applicants are to complete this indemnity and have their signature witnessed by a Medical Practitioner. Applicants must produce the Certificate of Fitness, completed by a Medical Practitioner, with the indemnity signed and witnessed, before being permitted to undertake the range of fitness assessments required as an applicant for selection as a police recruit in the Queensland Police Service.

**Applicant's full name (PLEASE PRINT)**

I,

**Applicant's full address (PLEASE PRINT)**

of,

acknowledge and wholly absolve, release and indemnify the Queensland State Government, Commissioner of the Police Service, and their agents and servants against all claims, proceedings, demands and liabilities in relation to any injury or damage I may sustain as a result of my participation in the range of fitness assessments I am required to undertake as an applicant for selection as a police recruit in the Queensland Police Service.

**Applicant signature**

**Date**

**Name of witness (Medical Practitioner)**

**Medical Practitioner's Signature**

**Medical Practice contact number**

The following section is to be filled out by the Authorised Officer overseeing the Physical Competency Test at either the QPS Academy or an appointed PCYC. Applicant's photo identification **MUST** be verified by the Authorised Officer prior to commencement of the test.

**Driver Licence No**

**Alternative ID**

(Such as QPS Staff Member ID number)

**PHYSICAL COMPETENCY TEST RESULTS**

Attempt	Date	Level	Authorised Officer Name	Reg No.	Signature
Attempt 1	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Attempt 2	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Attempt 3	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Attempt 4	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Place official stamp below

