

Sensitive: Personal (After first entry) Health Information

Department of Defence

Medical History Questionnaire

PFID number (Recruiting use only)	
Employee ID number (ADF only)	
Family name	
Given name(s)	
Date of birth	Sex

IMPORTANT

- You must complete all questions in this questionnaire otherwise your application cannot be processed.
- You must personally complete the questionnaire and fully disclose all requested information and other information that is relevant to an assessment of your health and fitness.
- You must answer the questions as accurately as possible.
- You may be guilty of an offence under the [Defence Force Disciplinary Act 1982](#) Section 57 if you, with the intent to deceive, make a false answer to a question. This may result in termination of your enlistment or appointment to the Australian Defence Force (ADF). If you intentionally provide false information you may not be entitled to ADF compensation benefits for that condition in the future.
- In addition to meeting entry medical standards at the time of your medical examination, your entry to the ADF will be subject to medical fitness on the day of entry. If you develop any medical condition, injury or psychological problems or have any doubts about your health or fitness from the time of your entry medical examination and psychological assessment, you must inform the recruiting medical officer as soon as possible after you become aware of your altered health status. If you have a medical condition which interferes with your ability to commence ADF training, your entry to the ADF may be delayed or you may be determined as medically unfit for entry.

PRIVACY NOTICE

INFORMATION PRIVACY PRINCIPLE 2 [IPP2] PRIVACY ACT 1988

The Department of Defence through the Defence Force Recruiting (DFR) and its contracted service providers are collecting the personal information about you and, to a certain extent, your family members to assess your suitability and/or overall health and fitness for service in the ADF.

The information will be used:

- to process and manage all health aspects of your recruitment and enlistment or appointment to the ADF if your application is successful.
- to assist in the Defence Force Recruiting's audit which assesses and determines compliance with ADF recruitment medical policies and procedures.

If you do not consent to collection of information your medical suitability for entry to the ADF cannot be determined and your application cannot be progressed.

If your recruitment to the ADF is successful this information will be transferred to the Defence Health Service (DHS) and its contracted service providers on your entry to the ADF. Your entry level medical examination (ELME) is the beginning of a health record covering all ADF service inclusive of the medical recruitment process. The health record will include the collection of additional medical information and records inclusive of, but not limited to, immunisation records, pathology results, hospitalisation records, medical examinations and specialist opinions. This information will be used to record your medical history which will assist in the provision of health care and for ongoing assessment of your medical fitness for military service. The term health relates to both medical and dental records.

Two copies of your health record will be maintained to ensure that you are not disadvantaged if your medical record is lost or damaged:

- one copy is held at the ADF health facility at the locality in which you are serving; and
- another copy is held at the ADF Health Records Office for Navy and Air Force, or Army as appropriate.
- for Army Reserve personnel, only one copy of health records is maintained.

Medical information will be managed by health personnel and administrative staff employed by, or contracted by, the ADF to provide health support and advice to the ADF.

The DHS also collects medical information for the following purposes:

- to provide, plan, monitor and coordinate health care for all ADF members;
- to assist in the management of claims in relation to repatriation, compensation, invalidity or other matters arising from service in the ADF;
- to establish an occupational health database;
- to contribute to group data for research and health studies; and
- to assist the DHS in developing enlistment standards and to ensure they meet ADF requirements.

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Department of Defence

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Employee ID number (ADF only)	
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PRIVACY NOTICE

INFORMATION PRIVACY PRINCIPLE 2 [IPP2] PRIVACY ACT 1988 (continued)

Collection, storage and use or disclosure of your personal information is subject to the [Information Privacy Principles](#) ('IPPs') as set in Section 14 of the [Privacy Act 1988](#), referred to in this document as ('the Act').

You will be entitled to have access to your personal information held by Defence Force Recruiting Centre (DFRC) or DHS and its contracted service providers in accordance with the terms of the Act and correct any information if it is incorrect.

Applicants can obtain information regarding access to personal information by contacting your local DFRC. ADF personnel can obtain information regarding access to medical information by contacting the Senior Medical Officer at an ADF health facility.

For the above purposes and for related purposes, DFRC or DHS and its contracted service providers usually gives some or all of this information to:

- other contracted medical and mental health providers who provide services to Defence;
- Recruiting Officers and ADF Personnel Managers; and
- the Department of Veterans Affairs who will assume responsibility for continuous management of your medical records for the life of the record, following your separation from the ADF.

Except as provided in the Act, these agencies and organisations will not use or disclose your personal information, without your express permission, for a purpose other than the purpose for which the information was given to them.

Acknowledgement and consent by applicant

The medical selection process for ADF entry will consist of:

- an assessment of your medical history;
- a medical examination (known as an ELME) conducted by a medical practitioner who is contracted to provide a service to the ADF (a medical examination is defined as an examination of the body of an applicant to determine the presence or absence of physical problems); and
- specialist opinions or other investigations required for specific military occupations or to make an assessment on your suitability for ADF entry.

Results of medical examinations

I understand that all results will remain strictly confidential and will only be used or disclosed in accordance with the Information Privacy Principles enumerated in the [Privacy Act 1988](#).

I request that in the event of my physical medical examination returning abnormal results indicating a possible medical problem, the results be forwarded to me and/or the medical practitioner nominated below.

In the unlikely event of returning a positive blood result I understand I will be initially informed of my result by the Defence Force Recruiting medical officer. I request that my results be forwarded to the medical practitioner nominated below.

I will consult with the nominated medical practitioner regarding follow up and further management.

Name and address of medical practitioner
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I acknowledge I have read and understood the above privacy notice.

Printed name	Date	Signature (Double click to digitally sign)
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Department of Defence

**Medical History
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Notes:

- When completing this form answer ALL questions by either placing a tick in the relevant box or, **if you do not understand the question, LEAVE IT BLANK and discuss with Defence Force Recruiting health staff during your entry medical assessment.** Complete this form to **Question 174 only or Question 179 if applicable (Specialist Occupations on page 8).** **DO NOT SIGN** the Statutory Declaration as it needs to be witnessed by the Defence Force Recruiting Centre (DFRC) examining Medical Officer (MO).
- **If you answer YES to any question you may be required to provide a report from your doctor including information relating to the history of the condition, the findings on examination and investigation, the diagnosis, any treatment given and the prognosis and any disability or restrictions on activity arising from the condition.**

DFRC Medical Officers please note:

All questions will be reviewed at time of ELME. If the answer to any question below is Yes, note the question number and record the full clinical history using the specific system questionnaire in Annex A to Chapter 3 of ADFP 1.2.1.1 as a guideline. Include comment on fitness to serve and recommendation for further investigation or testing if required. Complete appropriate paper or electronic Specialist Referral.

IMPORTANT

The entry level medical examination process cannot be finalised unless all answers in this questionnaire are completed

<p>Past medical history</p> <p>1. Have you ever had an accident or illness for which you have applied or intend to apply for compensation or pension of any type, or applied for sickness benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Has an accident or illness kept you off school or work for more than 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever been rejected or deferred for life assurance or had a loading on your policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had any operations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you ever had any other serious illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Have you ever been a patient in any type of hospital after infancy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you ever had to change a job or not undertake specific duties because of an adverse reaction to grease, dust, chemicals or other substances? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please make any further comments below:</p>	<p>Current medical history</p> <p>8. Have you at present any medical condition or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Are you receiving any treatment (regularly, intermittently, over the counter) prescribed by a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Are you receiving any treatment from a non-medical practitioner such as a naturopath, herbalist, acupuncturist, chiropractor, osteopath? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you ever been treated with an organ transplant or prosthetic device (eg artificial hip) or implanted pump or electrical device? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please make any further comments below:</p>	<p>Personal social history</p> <p>12. Do you participate in any sport, physical activity or exercise program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Activity or sport</p> <p>How many times per week</p> <p>Average minutes per exercise session</p> <p>13. Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Number of standard drinks per week</p> <p>14. Have you ever smoked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Number of years</p> <p>Number of cigarettes per day</p> <p>When did you stop smoking?</p> <p>15. Do you use or have you experimented with: a. marijuana or other non-prescribed drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No b. intravenous drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please make any further comments below:</p>
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Have you ever had or do you have any of the following symptoms or conditions?

Cardiovascular System

- 16. Chest pain on exertion or angina
 Yes No
- 17. Palpitations or irregular heart beat
 Yes No
- 18. High or low blood pressure
 Yes No
- 19. Heart murmur or rheumatic fever
 Yes No
- 20. Heart surgery
 Yes No
- 21. Any investigations of the heart including ECG, stress ECG or ultrasound
 Yes No
- 22. Any other heart disease
 Yes No
- 23. Varicose veins
 Yes No

Please make any further comments below:

Respiratory System

- 24. Persistent or recurrent breathlessness
 Yes No
- 25. Persistent or unusual cough
 Yes No
- 26. Asthma or wheezing - past or present
 Yes No
- 27. Use of an inhaler before or after exercise, or with a 'cold'
 Yes No
- 28. Bronchitis, pleurisy or pneumonia, or tuberculosis
 Yes No
- 29. Pneumothorax or collapsed lung
 Yes No
- 30. Sleep apnoea or sleep disorder
 Yes No
- 31. Any other lung disease
 Yes No

Please make any further comments below:

Asthma Questionnaire

- 32. Have you been admitted to hospital for asthma after the age of 15 years?
 Yes No
- 33. Do you have a significant food allergy which has resulted in anaphylaxis (collapse) or angioedema (swelling)?
 Yes No
- 34. Has any doctor or medical provider ever told you that you have asthma?
 Yes No
- 35. In the past 12 months, did you feel that your asthma was well controlled?
 Not at all Partially controlled
 Well controlled Not applicable
- 36. In the past 12 months did you miss any work, school or normal activity because of your asthma?
 Yes No Not applicable
- 37. In the past 12 months, have you at any time taken medication (including inhalers) medicine(s) for your asthma?
 Yes No Not applicable
- 38. In the past 12 months, were you woken at any time by your asthma during the night?
 Yes No Not applicable
- 39. In the past 12 months, were you limited at any time in your activities because of your asthma?
 Yes No Not applicable
- 40. In the past 12 months, did you experience shortness of breath at any time because of your asthma?
 Yes No Not applicable
- 41. In the past 12 months, did you experience any wheeze at any time?
 Yes No
- 42. Has your chest sounded wheezy at any time during or after exercise?
 Yes No
- 43. Have you had an attack of shortness of breath that came on following strenuous activity?
 Yes No

Gastrointestinal System

- 44. Frequent indigestion, heartburn or recurrent abdominal pain
 Yes No
- 45. Frequent nausea or vomiting
 Yes No
- 46. Passing blood through the bowels
 Yes No
- 47. Frequent diarrhoea or constipation
 Yes No
- 48. Ulcer of the stomach or duodenum
 Yes No
- 49. Gall bladder problems
 Yes No
- 50. Hepatitis or other liver disease
 Yes No
- 51. Irritable bowel syndrome
 Yes No
- 52. Ulcerative colitis or Crohn's disease
 Yes No
- 53. Haemorrhoids (Piles)
 Yes No
- 54. Hernia of any sort (eg umbilical, groin, stomach)
 Yes No
- 55. Any surgery to the abdominal area
 Yes No
- 56. Any special dietary needs
 Yes No
- 57. Any other bowel or abdominal organ disease
 Yes No

Please make any further comments below:

Genitourinary System

- 58. Blood in the urine
 Yes No
- 59. Difficulty or pain passing urine
 Yes No
- 60. Kidney stones
 Yes No

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Department of Defence

Medical History Questionnaire

Employee ID number (ADF only)		Encl/Folio
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Genitourinary System (continued)

- 61. Kidney disease, infection or tumour
 Yes No
- 62. Bladder disorder, infection or tumour
 Yes No
- 63. Kidney, bladder or urinary tract surgery
 Yes No
- 64. Sexually transmitted disease
 Yes No
- 65. Bedwetting after the age of 15 years
 Yes No

Males only:

- 66. Surgery to the testis or penis
 Yes No
- 67. Swollen or painful testis
 Yes No

Females only:

- 68. Menstrual problems such as irregular, absent, very painful or very heavy periods
 Yes No
- 69. Cervical smear (pap smear) abnormality, cone biopsy or referral for laser therapy
 Yes No
- 70. Endometriosis
 Yes No
- 71. Chronic pelvic inflammatory disease
 Yes No
- 72. Pregnancy
 Yes No
- 73. Any other gynaecological problems not mentioned above, including surgery
 Yes No
- 74. Any history of breast lumps, breast surgery or breast pain
 Yes No

75. Date of last menstrual period

Please make any further comments below:

Musculoskeletal System

- 76. Hip injury or pain
 Yes No
- 77. Knee injury or pain
 Yes No
- 78. Ankle injury or pain
 Yes No
- 79. Foot injury or pain
 Yes No
- 80. Lower limb pain especially on exercise (eg shin splints)
 Yes No
- 81. Shoulder injury or pain
 Yes No
- 82. Elbow or wrist injury or pain
 Yes No
- 83. Neck injury or pain (including whiplash)
 Yes No
- 84. Back injury or pain
 Yes No
- 85. Sciatica
 Yes No
- 86. Joint pain or arthritis anywhere in the body
 Yes No
- 87. Pain to any part of your body during or after exercise (eg walking or running)
 Yes No
- 88. Fractured, broken or cracked bones (including stress fractures)
 Yes No
- 89. Dislocated or subluxated joints
 Yes No
- 90. Loss of the use of any limb or digit
 Yes No
- 91. Surgery to any joint, including reconstructive surgery
 Yes No
- 92. Surgery to any limb, including internal fixation of fractures by plating or pinning
 Yes No
- 93. Do you wear orthotics or special footwear
 Yes No
- 94. Problems carrying a heavy load (equal to 25kg)
 Yes No
- 95. Any other bone, joint, ligament, tendon or muscle problems
 Yes No

Musculoskeletal System (continued)

- 96. Any history of treatment by a physiotherapist, chiropractor or other therapist
 Yes No

Please make any further comments below:

Neurological System

- 97. Head injury
 Yes No
- 98. Loss of consciousness
 Yes No

↓
If Yes, for how long

Hours	Minutes
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

- 99. Concussion
 Yes No
- 100. Dizzy spells, fainting or blackouts
 Yes No
- 101. Epilepsy, fits or convulsions
 Yes No
- 102. Frequent or severe headaches
 Yes No
- 103. Migraine
 Yes No
- 104. Difficulty with concentration or memory
 Yes No
- 105. Surgery to the head or nervous system
 Yes No
- 106. Paralysis
 Yes No
- 107. Any other neurological disease
 Yes No

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Endocrine and Metabolic System

108. Diabetes or abnormal blood sugar levels
 Yes No
109. Thyroid disease or surgery
 Yes No
110. Gout
 Yes No
111. Any significant alteration in weight over the last 12 months
 Yes No
112. Any other endocrine (hormonal) disease
 Yes No

Please make any further comments below:

Ear, nose and throat

113. Recurrent or persistent ear infections
 Yes No
114. Tinnitus or ringing in the ears
 Yes No
115. Deafness or loss of hearing
 Yes No
116. Perforated ear drum or surgery
 Yes No
117. Motion sickness including travel sickness
 Yes No
118. Vertigo or problems with balance
 Yes No
119. Allergy, hayfever or allergic rhinitis
 Yes No
120. Recurrent or persistent sinusitis
 Yes No
121. Throat problems or difficulty swallowing
 Yes No
122. Any other ear, nose or throat problems, including surgery
 Yes No

Please make any further comments below:

Oral and dental

123. Inflammation or infection of the oral cavity
 Yes No
124. Deformities or abnormalities of the mouth or jaw
 Yes No
125. Disorder of the voice or speech
 Yes No
126. Current orthodontic or specialist dental treatment
 Yes No
127. Any other oral or dental problems including any future specialist dental treatment requirements
 Yes No

Please make any further comments below:

Eyes

128. Persistent or recurrent eye allergy or infection of the eye and/or eyelids
 Yes No
129. Wear spectacles or contact lenses
 Yes No
130. Loss of vision in either eye
 Yes No
131. Colour perception problems
 Yes No
132. Glaucoma
 Yes No
133. Any eye surgery including laser surgery
 Yes No
134. Any other eye disease or injury
 Yes No

Please make any further comments below:

Skin

135. Any active skin disease or infection
 Yes No
136. Skin reactions to occupational contact, chemicals or allergic reactions of any type
 Yes No
137. Chronic skin disease such as urticaria, eczema, dermatitis or psoriasis
 Yes No
138. Acne
 Yes No
139. Pilonidal sinus
 Yes No
140. Any treatment for skin cancers or for sun damaged skin
 Yes No
141. Any other skin disease or problems
 Yes No

Please make any further comments below:

Blood and Lymphatic System

142. Anaemia
 Yes No
143. Blood disorder or bleeding or clotting problem (eg haemophilia, thalassaemia or haemochromatosis)
 Yes No
144. Removal or malfunction of the spleen
 Yes No
145. Any other blood or lymphatic system disease
 Yes No

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**Medical History
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Employee ID number (ADF only)		Encl/Folio
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Infection

146. Malaria or unexplained fevers
 Yes No
147. Chronic parasitic infection or tropical disease
 Yes No
148. Any significant infection requiring a prolonged period of convalescence such as:
 a. Chronic fatigue syndrome
 Yes No
 b. Glandular fever
 Yes No
149. Have you ever been diagnosed, tested positive or suspected of having:
 a. HIV (AIDS) infection
 Yes No
 b. Hepatitis B infection
 Yes No
 c. Hepatitis C infection
 Yes No

Allergy

150. Have you ever had an allergic reaction including life-threatening anaphylaxis to:
 a. Medicine, drug or serum, including anaesthetic agents and vaccines
 Yes No
 b. Foods or additives (eg peanuts, gluten, lactose, MSG or seafood)
 Yes No
 c. Insect bites (eg spiders, bees, ants etc)
 Yes No
 d. Any other substances
 Yes No

Please make any further comments below:

Mental health

151. Any unusual stress in your work or home life
 Yes No

Mental health (continued)

152. Have you been diagnosed or received treatment for Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) or any other learning disorder or learning disability (Including dyslexia)?
 Yes No
 ↓
 a. If Yes, have you ever been prescribed any medication to treat or modify those conditions; for example but not limited to: Ritalin Dexamphetamine or Modafinil?
 Yes No
153. Sleepwalking after the age of 14 years
 Yes No
154. Received treatment for post traumatic stress disorder (PTSD)
 Yes No
155. Panic attacks, hyperventilation or anxiety or phobia disorder
 Yes No
156. Attempted suicide or self harm
 Yes No
157. Depression
 Yes No
158. History of drug or alcohol dependency
 Yes No
159. Have you ever consulted or sought treatment from:
 a. Psychiatrist
 Yes No
 b. Psychologist
 Yes No
 c. Counsellor
 Yes No
 d. Social worker
 Yes No
160. Treatment in a psychiatric hospital either as an inpatient or outpatient
 Yes No

Please make any further comments below:

Cancer and/or malignancy

161. Any type of cancer or tumour or unexplained lump
 Yes No
162. Any malignant condition which is now in remission
 Yes No

Please make any further comments below:

Other

163. Please list any other illnesses or injuries or day surgery not mentioned

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Significant family history

Have any of your immediate family been treated for, or suffered from, any of the following:

164. Blood disorder or bleeding or clotting problem (eg haemophilia, thalassaemia or haemochromatosis)

Yes No

165. Cancer

Yes No

166. Heart disease

Yes No

167. High blood pressure

Yes No

168. Diabetes

Yes No

169. Mental or emotional disorders (eg depression, anxiety, schizophrenia)

Yes No

170. Attempted suicide

Yes No

171. Tuberculosis

Yes No

Please make any further comments below:

172. Have you ever resided or served outside of Australia

Yes No

If Yes, please provide details of country, reason and dates

Details

173. Have you ever previously applied to join any Defence Force?

Yes No

174. Have you ever previously served in any Defence Force?

Yes No

If Yes to either questions 173 and 174 above, reason for rejection or discharge was:

- Unsuitable Term expired
 Medical Free
 Education Unknown
 Psychological

To be completed only by applicants for specialist occupations aircrew, divers and submariners

For aircrew, divers and submariners

175. Have you ever had decompression illness (DCI)?

Yes No

Aircrew

176. Do you have previous flying experience?

Yes No

If Yes, please provide details:

- a. Military Yes No
b. Civilian Yes No

c. Aircraft type currently flown

d. Aircraft type with most hours

e. Total flying hours

Military Civilian

f. Date of last CASA medical examination

g. Any medical problems related to flying?
 Yes No

If Yes, list problems

Divers

177. Have you ever had previous trial or training in SCUBA diving?

Yes No

If Yes, please provide details:

- a. Military Yes No
b. Civilian Yes No

c. Approximate date of first compressed air dive

d. Total hours under pressure

e. Current level of training or qualification

f. Approximate number of dives to date

g. Longest dive

h. Deepest dive

i. Have you ever had any diving injuries (ear/sinus squeeze/barotrauma)?

Yes No

j. Have you ever had any headaches during or after a dive?

Yes No

k. Have you ever had any other diving related problems?

Yes No

If Yes, list problems

Submariners

178. Have you had submariner experience

Yes No

If Yes, please provide details

179. Have you had any medical problems related to the underwater environment

Yes No

If Yes, please provide details

Sensitive: Personal (After first entry) Health Information

Department of Defence

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Employee ID number (ADF only)	
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Blood screening and immunisations

I understand that blood screening tests for HIV/AIDS, Hepatitis B and Hepatitis C are part of the selection process for the ADF. I understand the information I have been provided about HIV/AIDS, Hepatitis B and Hepatitis C.

I understand that a positive result to blood screening for:

- HIV/AIDS will mean I will be permanently unfit for entry in the ADF. I will be referred for medical treatment and offered referral for further counselling; and
- Hepatitis B and Hepatitis C will mean that I will be unfit for entry into the ADF at the present time. Subject to further testing I may become fit for entry in the future. I will be referred for medical treatment and will be offered referral for further counselling.

I further understand that after entry to the ADF I will be required to:

- undergo blood grouping and blood screening for specific military operational requirements; and
- submit myself to any immunisations dictated by ADF protocols.

I understand the ADF can only consider those applicants who agree to undergo these procedures should they be successful in their application.

APPLICANT'S DECLARATION (DO NOT SIGN UNTIL YOU ARE EXAMINED BY THE DOCTOR)

I do/do not require the presence of a chaperone during the medical examination.

I acknowledge I have read and understood the contents of this document and information provided to me. If I am successful in my application to be selected for appointment to the ADF, I do/do not consent to undergo the medical procedures and blood screening for HIV, Hepatitis B and Hepatitis C as described in this document.

I certify that to the best of my knowledge this is an accurate record of my medical history.

STATUTORY DECLARATION

Note:

A person who intentionally makes a false statement in a Statutory Declaration under the [Statutory Declaration Act 1959 \(Commonwealth\)](#) as amended, is guilty of an offence against that Act, the maximum punishment for which is imprisonment for a term not exceeding four years.

I,	Full name	Occupation
	Address	

do solemnly and sincerely declare that to the best of my knowledge the information supplied in this Medical History Questionnaire relate to me and, where required, my family and is complete and correct.

I make this solemn declaration by virtue of the [Statutory Declarations Act 1959](#) and, subject to the penalties provided by that Act for the making of false statements in Statutory Declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Signature of person making the Declaration	Defence Force Recruiting Centre	Date
	Declared at	on

Before me (Must be witnessed by examining DFRC Medical Officer)

Signature of witness (MO)	Printed name of MO	DFRC
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