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QF: 029/2009



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❖ NOTICE ❖

TO: QANTAS MEMBERS

RE: MEDICAL EXAMINATIONS

Due to recent concerns in Melbourne regarding the release of private medical information via the Confined Space Entry Health Questionnaire a change of wording was requested by the ALAEA. The ALAEA requested that the medical information or report that arose from the medical examination would be kept in confidence with the medical practitioner because all management needed to know was whether a person was fit for work or not and in this example it was for Confined Spaces work.

The attached document has been agreed as a suitably amended version that was adopted after consultation with both the Qantas Occupational Health Department and Qantas management.

Members are advised that they should verify that any medical examination form they are requested to sign (e.g. the attached version, when agreeing to the Confined Space Entry Health Questionnaire and assessment) has the words *"I understand that medical records will be held in confidence by the medical personnel undertaking the assessment and that a fitness for work certificate regarding the work will be provided to my manager."*

STEVE PURVINAS
Federal Secretary

"To undertake supervise and certify for the safety of all who fly."



Health Questionnaire for Confined Space Entry

Family Name:

Given Name:

Staff number:

Section:

Manager:

Location:

Information & Authorisation:

I authorise Qantas to conduct a Confined Space Entry Health Assessment on myself. I understand that this is required because of the potentially hazardous nature of confined space work. The assessment is conducted to determine my fitness to carry out work in confined spaces and also to assess any possible health affects from that work.

I understand that medical records will be held in confidence by the medical personnel undertaking the assessment and that a fitness for work certificate regarding confined space entry work will be provided to my manager.

I further declare that the answers provided by myself to the health questions detailed below are, to the best of my knowledge, an accurate representation.

Signed:

Date:

Part A: Applicant to Complete:

Do you have or have you ever had:	Yes	No
any health problems which you believe could interfere with your ability to work safely in fuel tanks?		
any condition affecting your ability to hold a driver's license?		
claustrophobia? Other mental health problems?		
any asthma, cough, wheezing, abnormal shortness of breath or chest tightness?		
diabetes?		
any problems with your joint flexibility? Any joint dislocations?		
heart conditions?		
skin problems?		
allergies, any reactions to chemicals at work?		
epilepsy or convulsions, other episodes of loss of consciousness?		
dizziness, vertigo, balance problems?		
problematical use of alcohol or other drugs?		

Provide Details if answered "yes" to any of these questions:

Please list any current take Medication:

Medical Officer comments on history including comments by employee about past Confined Space work: