

HEALTH COMPETENCIES DECLARATION
EMPLOYEES VOLUNTEERS STUDENTS

DEMAND CLASSIFICATION	HEALTH STATUS REQUIRED
PHYSICAL: (Eg: mobility, flexibility, stamina, use of limbs, range of movement, posture).	Core capabilities plus: <ul style="list-style-type: none"> • A high standard of personal hygiene. • Stamina/strength to manually handle clients, equipment (wheelchairs and hoists), and domestic items safely. • Bilateral fine motor skills to enable domestic and personal care tasks. • Full range of movements in upper limbs (manual handling, domestic and personal care tasks). • Full range of movements in lower limbs (manual handling, domestic and personal care tasks and recreational walking). • Must have no recurrent skin hypersensitivity to domestic products.
SENSORY: (Eg: speech, hearing, vision, touch, smell).	Core capabilities plus: <ul style="list-style-type: none"> • Hearing ability to facilitate communication. • Peripheral vision that is within normal range. • Colour recognition that is within normal range. • Ability to feel hot and cold temperature with hands.
PSYCHOSOCIAL/PSYCHOLOGICAL: (Eg: cognitive, interactive, functional).	<ul style="list-style-type: none"> • Reasoning to facilitate in-depth understanding of policies and procedures. • Must be able to work alone. • Social skills to enable effective team function. • Must be able to carry out all personal care tasks.
HAZARD/CRISIS EXPOSURE:	<ul style="list-style-type: none"> • Must be able to remain calm and functional in a stressful situation.

Employee/Applicant Health Declaration:

I, have read the above health status/competencies prerequisites:

Please tick the appropriate box and provide details below:

- I meet the health status required.
 I meet the health status required except for the following restrictions:
 I do not meet the above health status requirements for the following reasons:

.....

.....

.....

.....

Signature:.....Date:...../...../.....