# Appendix B: JRFT medical screening questionnaire

The purpose of this questionnaire is to ensure that your health is not placed at risk when you perform the job-related fitness test (JRFT).

Name: Click or tap here to enter text. Date: Click or tap to enter a date.

Warrant no. Click or tap here to enter text. Contact tel: Click or tap here to enter text.

If no positive answers are given to questions 1, 2 and 3 you may take the JRFT. If a positive answer is given to question 1 to 4 you will be referred to occupational health for further assessment to determine whether you are can take the JRFT.

1. Are you pregnant or have you given birth within six months of your JRFT due date?  
   Choose an item.
2. Do you have any injury, ailment or condition that could inhibit your participation in the JRFT?   
   Choose an item.

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| --- |
| If Yes, please specify:  Click or tap here to enter text. |

1. Are you currently on any prescribed medication?  
   Choose an item.

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| --- |
| If Yes, please specify:  Click or tap here to enter text. |

1. Are you currently being investigated or receiving treatment for a heart or cardiovascular condition?   
   Choose an item.

|  |
| --- |
| If Yes, please specify:  Click or tap here to enter text. |

**Signature:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.