

**HEALTH COMPETENCIES DECLARATION**  
**EMPLOYEES VOLUNTEERS STUDENTS**

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

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:

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