



Confidential personal statement

to be completed by scheme member and signed in front of a medical examiner.

Personal details

Title (eg Mr Mrs Ms Miss Dr) Birth date

Family name

Given name/s

Postal address (please include postcode)

Suburb, Town, City Postcode

Member number Male Female

Employer

Present occupation

Marital status

Details of your pension (if applicable)

If you have ever received any payment for workers compensation, state amount and reason.

Your privacy

The information you provide in this form is collected by and held for State Super by the fund administrator, Pillar Administration, in accordance with the *Privacy and Personal Information Protection Act 1998*, under which you have rights of access and correction. Such information is usually disclosed to third parties, including the medical consultant who may be involved with the assessment of this application, and is held by Pillar Administration. For further information about privacy, contact Pillar Administration by writing to PO Box 1229 Wollongong NSW 2500

Health statement

- Do you drink alcohol? Yes No
If yes, in what daily amount?
- Have you at any time taken, or are you now taking any drugs, tablets or pills on a regular basis? If yes, give details and indicate if therapy is current. Yes No
- Do you smoke? Yes No
If yes, what is your daily consumption of tobacco?
- What is the present and general state of your health?
- Has your weight altered during the last three years? Yes No
If yes, give details. kg increase decrease
- When were you last X-rayed and what was the result?
- Have you ever been treated for an anxiety state or any nervous condition whatsoever? Yes No
If yes, give details.
- During the last 5 years have you had any illness, accident or injury, medical examination, advice or treatment or any X-ray? Yes No
If yes, give particulars of each instance below.

Date	Illness, accident or injury, etc. Give details and date of recovery.	Name and address of doctor consulted (if any).
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Confidential medical report to be completed by medical examiner

on the health, constitution, prospects of longevity
and premature retirement because of ill health of:

1 Give the following measurements.
If estimated, please add (est).

Height in cm	Weight in kg
<input type="text"/>	<input type="text"/>

Chest (insp) in cm	Chest (exp) in cm
<input type="text"/>	<input type="text"/>

*If chest expansion is less than 5cm,
please comment as to apparent cause.*

2 Is there any abnormality in breathing or of the respiratory system to palpation, percussion or auscultation? If yes, give details. Yes No

3 Is there any abnormality in the heart sounds or rhythm? If any murmurs are present, describe fully. Yes No

4 What is the blood pressure (auscultatory method)?
*The diastolic level is to be taken at the cessation of all sound.
The recumbent position should be used where possible.*

Systolic mm Hg	Diastolic mm Hg
<input type="text"/>	<input type="text"/>

*If the first systolic reading is above 140 or below 100,
or the diastolic above 90 or below 60,
two further readings at 5 to 10 minute intervals are required.*

Systolic mm Hg	Diastolic mm Hg
<input type="text"/>	<input type="text"/>

Systolic mm Hg	Diastolic mm Hg
<input type="text"/>	<input type="text"/>

5 Do you consider the heart and vascular system to be perfectly healthy? If no, give details. Yes No

6 Is there a hernia present? If yes, describe fully and state whether a satisfactory truss is worn. Yes No

7 Examination of urine
*The urine should be passed in the presence of the examiner.
If not, please state circumstances.*

8 For females: is there any evidence of pregnancy or of any abnormality of the reproductive organs? If yes, give details. Yes No

9 Do you consider the genito-urinary system to be normal and healthy? If no, give details. Yes No

10 Is there any abnormal reflex or other evidence of disease of the brain, nerves or spinal cord? If yes, give details. Yes No

11 Is there any defect in sight, hearing or speech? If yes, give details. Yes No

12 In cases of present or past ear discharge or deafness, state result of auriscopic examination.

13 Is there any sign of stress/depression/anxiety?

Yes No

If yes, give details and name of treating specialist if applicable.

14 Has the member at any time taken, or are now taking, any drugs, tablets or pills on a regular basis?

Yes No

If yes, give details and indicate if therapy is current.

15 From your knowledge of this member's medical history do you consider he/she has a greater than normal expectancy of: (please comment if answer is yes)

a) becoming disabled to the extent of not being able to carry out any remunerative occupation prior to 58 years of age:

Yes No

If yes, please give details.

b) dying before 58 years of age:

Yes No

If yes, please give details.

Summary

(to cover prospects of longevity and premature retirement because of ill health)

A Do you consider any medical attendant's reports or any special tests are required? Yes No
If yes, give details.

B Do you consider the examinee to be pre-disposed to any particular ailment or likely to require surgical operation? If yes, give details. Yes No

C Comment fully on any unfavourable features a) in the personal history

b) disclosed by your medical examination

D Please indicate appropriate classification of health status:

- above average
 average
 below average

E Please provide copies of any supplementary reports from other doctors/specialists that you may have on file (written within the last 5 years).

Please sign here

Name and address for payment of fee
(please PRINT and please give postcode)

Suburb, Town, City

Postcode

Signature of medical examiner

Date

DD	MM	YY
/	/	