

2. Member's medical history

It is important that your answers are accurate and include all relevant details. RBF is permitted to reassess any benefit based on this information, should it be found that answers provided were not correct or not complete.

If you are unsure of the meaning of any of the questions, please ask your examining doctor or contact RBF for clarification.

Questions 1–7: To be completed by the applicant

Please answer the following questions and provide details to any questions where your answer is **Yes** or where further information is requested.

Question	Please circle Yes or No	Details
1. What is your present occupation? What was/were your previous occupation(s)?		
2. Do you consume alcohol? In what form and weekly quantity?	Yes / No	
3. Do you use tobacco? In what form and daily quantity?	Yes / No	
4. Are you or have you ever been in receipt of any pension? If yes, from whom and for how long?	Yes / No	
5. Have you previously been a member of RBF? If yes, please give details.	Yes / No	
6. Within the last 5 years have you ever, either occasionally or regularly, taken any stimulants, sedatives, medications, analgesics or drugs in any form (including by injection)? If so, provide details and if prescribed or directed by a doctor, give full details in question 7 (below).	Yes / No	
7. Within the last 5 years have you ever had any medical advice, attention, treatment, or examination, or been in hospital (as a patient or outpatient) or had any test such as x-ray, electrocardiogram, blood test, etc? If yes, give full details of each instance, doctors consulted, hospitals (name and address). Provide reasons for medical examination, advice, treatment etc. Also provide details including nature and duration of illness.	Yes / No	

2. Member's medical history cont.

Questions 8–38: To be completed by the applicant and the examining doctor

The following questions should be answered by the applicant by indicating **Yes** or **No**. The examining doctor should provide further explanatory information.

Applicants should complete this section **prior** to their appointment. The examining doctor is then required to provide further details to any questions answered in the affirmative using the details column.

Please provide as much information as is required.

Question	Applicant to complete Please circle Yes or No	Examining doctor to complete Details
8. Have you ever been denied life insurance cover or superannuation death and incapacity insurance cover? If yes, please give details.	Yes / No	
9. Excluding health insurance, have you ever received payment (including worker's compensation) from an insurance company, superannuation fund, government institution, or the like in respect of any sickness, disability or injury?	Yes / No	
10. Has your health ever been affected by military service or by residence overseas?	Yes / No	
11. Has your weight altered during the past year?	Yes / No	
12. Have you ever been involved in an accident including a motor vehicle or industrial accident?	Yes / No	
13. Have you any defect in sight, speech or hearing, or had any ear discharge? Are you required to wear glasses, contact lenses or a hearing aid?	Yes / No	
14. Have you ever lost time from work, school, college, or university, or attended a doctor because of strain, fatigue, overwork or sleeplessness?	Yes / No	
15. Have you ever had medical advice or treatment for any mental or nervous condition or any neurosis or anxiety state?	Yes / No	

2. Member's medical history cont.

Question	Applicant to complete Please circle Yes or No	Examining doctor to complete Details
16. Do you contemplate, or have you been advised to have, an operation in the future?	Yes / No	
17. Have you ever been treated for alcohol abuse, has your health ever suffered as a result of alcohol intake, or have you ever lost time from work, school, college or university as a result of alcohol intake?	Yes / No	
18. During the last 3 years, have you ever been absent from work on continuous sick leave for one week or longer?	Yes / No	
19. Are you prone to any medical complaint?	Yes / No	
20. Are you now in good health?	Yes / No	
21. Are you pregnant?	Yes / No	
Have you ever had:		
22. Asthma, tuberculosis, bronchitis, pleurisy, pneumonia, emphysema, or any other lung complaint?	Yes / No	
23. High or low blood pressure, rheumatic fever, circulation problems or any heart complaint?	Yes / No	
24. Pain in the chest, palpitation, or any difficulty with breathing, particularly on exertion?	Yes / No	

2. Member's medical history cont.

Question	Applicant to complete Please circle Yes or No	Examining doctor to complete Details
Have you ever had:		
25. Indigestion, hiatus hernia, gastric, peptic or duodenal ulcer, rupture (Hernia)?	Yes / No	
26. Epilepsy, fainting attacks or fits of any kind, mental or nervous complaint?	Yes / No	
27. Headaches: whether migraine, tension or other?	Yes / No	
28. Bowel, liver, or gall bladder disease or disorder?	Yes / No	
29. Cancer or tumour of any sort?	Yes / No	
30. Kidney or bladder disease (including renal colic or stone, or bladder stone)?	Yes / No	
31. Coughing or vomiting of blood, or passage of blood from bowel or in urine?	Yes / No	
32. Protein or sugar in urine, or diabetes?	Yes / No	
33. Arthritis, gout, or joint pains?	Yes / No	

2. Member's medical history cont.

Question	Applicant to complete Please circle Yes or No	Examining doctor to complete Details
Have you ever had:		
34. Any back (including neck) trouble?	Yes / No	
35. Any sexually transmitted disorder?	Yes / No	
36. Any skin complaint (including dermatitis)?	Yes / No	
37. Any other illness, injury, accident or operation?	Yes / No	
38. To your knowledge, has any blood relative (living or dead): – committed or attempted to commit suicide; or – suffered from: mental disorder or breakdown; or diabetes, epilepsy or tuberculosis? If yes, please give details.	Yes / No	

Your Privacy

The fund is administered by us along with our service provider, Australian Administration Services Pty Ltd (AAS). We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact the RBF Enquiry Line on **1800 622 631**.

Our Privacy Policies are available to view at www.rbf.com.au or you can obtain a copy by contacting the RBF Enquiry Line on **1800 622 631**. If you do not provide the personal information requested, we may not be able to manage your superannuation.

We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations in order to manage your super, including your employer, our professional advisors, insurers, our related companies which provide services or products relevant to the provision of your super, any relevant government authority that requires your personal information to be disclosed, and our other service providers used to assist with managing your super.

Our Privacy Policies set out in more detail how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It also provides detail about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

If you have any other queries in relation to privacy issues, you may contact the RBF Enquiry Line on **1800 622 631** or write to our Privacy Officer, Reply Paid 89418, PARRAMATTA NSW 2124.

Declaration

Important: Please sign this declaration in the presence of your examining doctor.

I certify that to the best of my knowledge the information I have provided is true, complete and correct and that I have withheld no information.

I authorise the doctor whose name and signature appears below to forward this report to RBF on my behalf. I also acknowledge that payment for this examination is my responsibility.

I waive doctor-patient privilege. I authorise the doctor whose signature appears below to disclose the full details of my health and medical history including in this report to RBF.

I understand and consent to my information being collected, disclosed and used in the manner set out in this form.

Signature (Applicant)

Date

X

/ /

Examining doctor signing as witness:

Full name:

Witness signature (Examining doctor)

Date

X

/ /

3. Member's confidential medical report

This section is to be completed by the examining doctor.

Please return your completed form to RBF, Reply Paid 89418, PARRAMATTA NSW 2124.

Examining doctor

Surname

Given name(s)

Address

Suburb

State

Postcode

Daytime telephone

Mobile

The following questions should be completed by the examining doctor during consultation with the applicant.

Please provide details to any questions where further information is requested. Please provide as much information as is required and where necessary, please ensure each observation is clearly linked by number to the question to which it relates.

This medical report is being completed for:

Applicant's name

Height (no footwear)

 cm

Weight (indoor clothing)

 kg

Chest: Inspiration

 cm

Expiration

 cm

Abdomen (at umbilicus next to skin)

 cm

Question	Please circle Yes or No	Details
A. Is the applicant outside normal weight parameters? Please comment on build.	Yes / No	
B. a) Is there anything unfavourable in the applicant's development or appearance? If yes, give details	Yes / No	
b) Are there any abnormal permanent marks, scars, naevi or injection sites? If yes, give details.	Yes / No	

3. Member's confidential medical report cont.

Question	Please circle Yes or No	Details
C. Are the findings of your examination consistent with applicant's stated tobacco and alcohol usage? If no, please comment?	Yes / No	
D. Is chest expansion less than 5cm? If yes, please comment about apparent cause.	Yes / No	
E. Is the breathing normal and regular in character? If no, please comment.	Yes / No	
F. Is there any abnormality of the respiratory system to percussion, auscultation or palpitation? If yes, please comment.	Yes / No	
G. Is there any indication of present or past respiratory disease? If yes, please specify.	Yes / No	
H. Results of chest x-ray (if warranted) Important: Specialist tests, including x-rays, should not be undertaken at the RBF's expense without prior authorisation.	Yes / No	
I. Is the applicant under treatment with medication? If yes, please specify and comment fully.	Yes / No	
J. a) What is the applicant's blood pressure? ____ / _____ (mmHg) The diastolic level should be taken in the recumbent position at the cessation of all sound. If the first systolic reading is above 135 or below 100, and/or the diastolic above 85 or below 60, two further readings at five to 10 minute intervals are required. Please comment on retinal vessels if pressure exceeds 140/90.		

3. Member's confidential medical report cont.

Question	Please circle Yes or No	Details
<p>b) What is the applicant's pulse? Rate _____ minute</p> <p>Character _____</p> <p>What is the site of the heart's apex beat? _____</p> <p>In _____ interspace _____ cm</p> <p>From M.S.L.</p> <p>Is there any evidence of cardiac enlargement? If yes, please comment.</p> <p>Is there any abnormality in the heart sounds or rhythm? If yes please comment.</p> <p>Is a murmur present? If yes, please describe fully – including site, timing, intensity and transmission. Indicate any effect on the murmur of posture and/or respiration.</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>	
<p>K. Do you consider the heart and vascular system to be normal? If no, please comment.</p>	<p>Yes / No</p>	
<p>L. Is there any abnormality in lymph glands in axillae, inguinal regions or neck? If yes, please comment.</p>	<p>Yes / No</p>	
<p>M. Is there any evidence of disease of any abdominal organ, including spleen and liver? If yes, please specify.</p>	<p>Yes / No</p>	
<p>N. Is a hernia present? If yes, describe fully and state whether it could interfere with the applicant's discharge of his/her duties.</p>	<p>Yes / No</p>	
<p>O. Urogenital system a) Albumin? _____ Sugar? _____</p> <p>Urine should be passed during the course of the examination. If not, please indicate the circumstances.</p>		

3. Member's confidential medical report cont.

Question	Please circle Yes or No	Details									
<p>b) Do you believe pus or blood to be present in urine? If yes, please comment, and give microscopic findings if possible.</p> <p>c) Is the urogenital system normal and healthy? If no, please comment.</p> <p>d) Are the breasts normal? If no, please comment.</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>										
<p>P. Visual acuity</p> <table border="0" style="margin-left: 40px;"> <tr> <td></td> <td style="text-align: center;">L</td> <td style="text-align: center;">R</td> </tr> <tr> <td>Uncorrected</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> <tr> <td>Corrected</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table> <p>Is colour vision normal? If no, please comment.</p> <p>Is there any disease of the eye? If yes, please comment.</p>		L	R	Uncorrected	/	/	Corrected	/	/	<p>Yes / No</p> <p>Yes / No</p>	
	L	R									
Uncorrected	/	/									
Corrected	/	/									
<p>Q. Is there any abnormality of teeth, throat, tongue or mouth? If yes, please comment.</p>	<p>Yes / No</p>										
<p>R. Is there any abnormality on auriscope examination and is there any defect in hearing or speech? If yes, please comment.</p>	<p>Yes / No</p>										
<p>S. Is there any abnormality of feet, hands, back or other joints (including gait and posture)? If yes, please describe fully, and comment, with particular reference to the applicant's duties.</p>	<p>Yes / No</p>										
<p>T. Is there any abnormal reflex or other evidence of disease of the brain, spinal cord or nerves? If yes, please give details.</p>	<p>Yes / No</p>										
<p>U. Is there any sign whatever of endogenous depression, anxiety state, neurosis or other nervous disease? If yes, please comment fully.</p>	<p>Yes / No</p>										

