



Applicant's Name: _____

DETAILS OF PREVIOUS INJURY/ILLNESS

1. Date previous injury/illness sustained or similar condition suffered from

2. What was the nature of the previous injury/illness/similar condition including:

- type of injury/illness/condition and symptoms
- when the injury/illness/condition was sustained
- how it occurred

3. Have you lodged a compensation/insurance claim or claimed sickness benefits for this or received a payout from any insurer or a permanent impairment or settlement through common law?

- No ► Go to the next question
- Yes ► Please provide details

4. Please provide details regarding the treatment sought for this previous injury/illness/condition including:

- doctor's name and address
- type of treatment
- you must also complete the form – *Treating Practitioner's/Provider's Release Authority*

Any other relevant information

DECLARATION

I certify that to the best of my knowledge and belief the above information is true and correct in every particular and I authorise The University of Queensland Work Injury Management Team to obtain information on my previous compensation/insurance claims (if applicable).

I agree that a photocopy of this authorisation can be accepted with the same authority as the original.

Signature of Applicant

Signed in the presence of:
Signature of witness

Date

Date

Printed name of witness