

Personal health statement



Super SA



Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email.

2. Health information (continued)

6. a) When did you first suffer from the above illness/medical condition(s)³ or disability?

b) Have you had any symptoms or recurrence arising from the illness/medical condition(s)³ or disability? Yes No

c) Is/are the illness/medical condition(s)³ or disability getting worse? Yes No

d) How many days have you been absent from your employment due to your illness/medical condition³ in the last 12 months?

7. a) Are you receiving treatment (including medication) for the illness/medical condition(s)³ or disability? Yes No

If Yes, please give details:

b) What was the nature of any treatment?

8. a) Have you ever been diagnosed or consulted with, a medical practitioner in relation to a medical condition (including any symptoms that may have indicated a medical condition) or injury other than as listed above? Yes No

If Yes, you are required to provide the following details:

b) What was the exact nature of the illness/medical condition(s)³ or disability? *If more than one condition, please attach additional information.*

c) When did you first suffer from the above illness/medical condition(s)³ or disability?

d) Have you had any symptoms or recurrence arising from the illness/medical condition(s)³ or disability?

³ A "medical condition" is any disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition, and impairs normal function.

