



PSA FORM:

HEALTH SCREENING QUESTIONNAIRE (HSQ)

Assess your health needs by marking all true statements.

The purpose is to identify individuals who may be at risk in taking a course at PSA Academy to work in security industry. - and/or medical examination prior to taking any course any course at PSA International Group Ltd. - PSA Academy

Candidates are required to answer the following questions. The questions were designed, in consultation with occupational health physicians, to identify individuals who may be at risk when taking a security/ or other courses. The HSQ is not a medical examination. Any medical concerns you have that place you or your health at risk should be reviewed with your personal physician prior to joining a course at the Academy

Check 'Yes' or 'No' in response to the following questions:

1	YES	NO	During the past 12 months have you at any time (during physical activity or while resting) experienced pain, discomfort or pressure in your chest.
2	YES	NO	During the past 12 months have you experienced difficulty breathing or shortness of breath, dizziness, fainting, or blackout?
3	YES	NO	Do you have a blood pressure with systolic (top #) greater than 140 or diastolic (bottom #) greater than 90?
4	YES	NO	Have you ever been diagnosed or treated for any heart disease, heart murmur, chest pain (angina), palpitations (irregular beat), or heart attack?
5	YES	NO	Have you ever had heart surgery, angioplasty, or a pace maker, valve replacement, or heart transplant?
6	YES	NO	Do you have a resting pulse greater than 100 beats per minute?
7	YES	NO	Do you have any arthritis, back trouble, hip /knee/joint /pain, or any other bone or joint condition that could be aggravated or made worse by the Work Capacity Test?
8	YES	NO	Do you have personal experience or doctor's advice of any other medical or physical reason that would prohibit you from taking the Work Capacity Test?
9	YES	NO	Has your personal physician recommended against taking the Work Capacity Test because of asthma, diabetes, epilepsy or elevated cholesterol or a hernia?

Regardless whether you are taking the course at PSA HQ or its satellite centres, Moderate or Light duty level, a "Yes" answer requires a determination from your personal physician stating that you are able to participate.

I understand that if I need to be evaluated, it will be based on the fitness requirements of the course(s) for which I am applying.

NAME (PSA Visiting Officer)		POSITION	Student
SIGNATURE		DATE	

Privacy Statement

The information obtained in the completion of this form is used to help determine whether an individual being considered for a course at PSA can attend in a manner that will not place the candidate unduly at risk due to inadequate physical fitness and health. Its collection and use are covered Health and Safety Act and related Laws in UK.

