



Your Confidential Medical and Personal Statement (CMAPS)

Instructions

This form must not be completed until you become a member of the PSS

As a new member of the Public Sector Superannuation Scheme (PSS) you are required to complete a Confidential Medical and Personal Statement (CMAPS) and **forward it to your Personnel Officer within 14 days of becoming a member of the Scheme**. Your answers will assist in deciding whether your health is sufficiently sound that you could be expected to complete 3 years' membership without taking excessive sick leave. If your health is not sufficiently sound you will be declared a Limited Benefits Member (LBM) of the Scheme.

You should read Section 2 of *The PSS Super Book* which is available from your Personnel or Pay Office, for further information regarding LBM status. Your employer may require you to have a medical examination for employment purposes. This CMAPS is not used to decide whether or not you are to remain employed or a member of the Scheme.

When you have completed your CMAPS you should return it to your Personnel Office within 14 days of the date you became a member of the PSS. Normally the statement will be retained by your Personnel Office and stored on your personal file. It may, however, be sent to ComSuper if clarification of any aspect is required.

If the statement is not completed and sent within the 14 day period, you will be regarded as a LBM until a completed statement is received and your medical status is decided.

If you are classified as a LBM due to medical reasons, advice will be sent to your nominated private address.

If further medical information is required, you will be contacted at your private address.

If you have any queries, please telephone your Personnel Office.

How to complete the statement

Please use black ballpoint pen. Some questions only need a cross in one of the answer boxes. Please use a 'cross' in the appropriate box like this:

 NO

 YES

Other questions require a hand printed answer using capital letters like this:

Address

C	O	M	S	U	P	E	R													
P	O		B	O	X		2	2		B	E	L	C	O	N	N	E	N		
										A	C	T					2	6	1	6
										STATE							POSTCODE			

Privacy

ARIA and our administrator, ComSuper, are committed to protecting any information you give us. Your information will be used to assess the level of your health and to contact you if we need to in the future.

Your information will not be used for any other purpose or disclosed to another party, unless

- > it is to Health Services Australia or other approved medical practitioners if we need to seek medical opinions in relation to your membership status;
- > you authorise us to do so;
- > it is required by law.

CONFIDENTIAL MEDICAL AND PERSONAL STATEMENT

15. During the LAST 5 YEARS have you had any medical examination or treatment (including treatment by a physiotherapist or chiropractor), been in hospital, been advised to have an operation or had any test such as an X-ray, electrocardiogram, CAT scan etc? If yes, provide full details of each instance below.

No Yes

DAY MONTH YEAR

		/			/				
--	--	---	--	--	---	--	--	--	--

NAME AND ADDRESS OF DOCTORS ATTENDED:

REASON FOR MEDICAL CONSULTATION, EXAMINATION OR TREATMENT AND RESULTS OF ANY TEST:

DATE OF COMPLETE RECOVERY:

DAY MONTH YEAR

		/			/				
--	--	---	--	--	---	--	--	--	--

DURATION:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DAY MONTH YEAR

		/			/				
--	--	---	--	--	---	--	--	--	--

NAME AND ADDRESS OF DOCTORS ATTENDED:

REASON FOR MEDICAL CONSULTATION, EXAMINATION OR TREATMENT AND RESULTS OF ANY TEST:

DATE OF COMPLETE RECOVERY:

DAY MONTH YEAR

		/			/				
--	--	---	--	--	---	--	--	--	--

DURATION:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For questions 16–35: In the LAST 5 YEARS have you had medical advice or treatment for any of the following? If yes, provide full details, including nature and duration of illness, dates and name and address of doctors, hospitals, chiropractors, physiotherapists, etc. concerned.

16. Mental or nervous condition, anxiety state or any depression?

No Yes

Full details

17. Asthma, tuberculosis, bronchitis, emphysema or any other lung illness?

No Yes

Full details

18. High blood pressure, rheumatic fever, heart murmur or any heart complaint?

No Yes

Full details

19. Pain in the chest or difficulty breathing?

No Yes

Full details

20. Indigestion, gastric, peptic or duodenal ulcer?

No Yes

Full details

21. Bowel disease?

No Yes

Full details

22. Hepatitis, or any liver or gall bladder disease?

No Yes

Full details

23. Epilepsy, fainting attacks or fits of any kind?

No Yes

Full details

IF INSUFFICIENT SPACE, PROVIDE FURTHER DETAILS TO YES ANSWERS ON A SEPARATE PAGE AND ENCLOSE WITH THE COMPLETED FORM

CONFIDENTIAL MEDICAL AND PERSONAL STATEMENT

24. Headaches or migraine?

No Yes Full details

25. Kidney or bladder disease, including renal colic or stone in the bladder?

No Yes Full details

26. Cancer or tumour of any type?

No Yes Full details

27. Arthritis, gout or joint pains (e.g. shoulder, hand, knee, ankle, hip), RSI, tenosynovitis or any other disorder of muscles, joints or bones?

No Yes Full details

28. Any neck or back complaint, pain or injury?

No Yes Full details

29. Any blood disorder?

No Yes Full details

30. Coughing blood, passing blood from the bowel or in the urine?

No Yes Full details

31. Any defects in sight, speech, hearing, or any ear discharge?

No Yes Full details

32. Sugar in the urine, or diabetes?

No Yes Full details

33. Any skin disorders?

No Yes Full details

34. Have you been diagnosed as having AIDS or any AIDS related condition?

No Yes Full details

35. Any other illness, or any other accident, injury or operation?

No Yes Full details

36. Do you have any health problems or concerns which are NOT mentioned in any other questions on this statement or which relate to your health MORE THAN FIVE YEARS AGO? If yes, please provide details.

No Yes Full details

37. Do you contemplate having an operation or being hospitalised in the future? If yes, provide details.

No Yes Full details

IF INSUFFICIENT SPACE, PROVIDE FURTHER DETAILS TO YES ANSWERS ON A SEPARATE PAGE AND ENCLOSE WITH THE COMPLETED FORM

END FORM