Preliminary Medical Condition Enquiry

For Police and Protective Services Officer (PSO) applicants. If you are unsure if your current or previous medical condition will affect your application, please provide details below and send to:

Email :Recruit-medicalenquiries-mgr@police.vic.gov.au OR Fax: Attention Medical Advisory Unit :03 9247 3067

| Full Name | | | |
|-------------------|--------------------------------|---|-----------------|
| Date of Birth | | Gender | ☐ Male ☐ Female |
| Address | | | |
| Suburb | State | Ро | stcode |
| Contact Phone | | • | |
| Email Address | | | |
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| Previous Appli | ication | If yes, application number and year(s) applied. | |
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| Medical Informati | ion (include any medication cu | rrently being taken) | |
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