

Victoria Police Recruitment 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 return to:

Victoria Police
Medical Advisory Unit
Tower 3, Level 1
637 Flinders Street
Docklands VIC 3008

OR

medicaladvisoryunit@police.vic.gov.au

Full Name			
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
Suburb	State	Postcode	
Contact Phone			
Email Address			

Previous Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, application number and year(s) applied.	
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Medical Information (include any medication currently being taken)

I hereby confirm the above information is true and correct.

Sign		Print name		Date	
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Office Use Only:

Eligible to apply	<input type="checkbox"/> Yes <input type="checkbox"/> No P/	Comments	
Sign		Date	

