



Health Declaration

Name: _____

Address: _____

Have you had the following: (please circle)

Measles Mumps Chicken Pox Other Infectious Diseases

Are you in good health: Yes No

If no please provide details of any pre existing conditions)

Do you have any medical problems which may effect your ability to work? _____

Are you taking any medication that may impair your judgement? _____

I have read this health declaration form and to the best of my knowledge I am fit & healthy. I have not been convicted in Australia or abroad. I am not using illegal drugs. I understand that if any information contained in this declaration or my medical certificate is found to be incorrect or misleading, I may be dismissed without notice.

Signed: _____

Date: _____