



## Health Declaration

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Have you had any of the following: (please circle)

Measles

Mumps

Chicken Pox

Other Infectious Diseases: \_\_\_\_\_

Do you have any medical problems that may affect 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: \_\_\_\_\_