

Medical Declaration Form

Section 1 – Worker Details

I, _____, position _____, declare that the information provided is correct and will abide by the requirements of the undertaking.

Worker Details	
Name of worker	
Date of birth	
Pegasus/Avetta ID	
Job role	
Company	
Working in the tunnels or near Asbestos? (Y/N)	
Date of declaration	

Section 2 – Medical Declaration

Please confirm medicals completed for the assigned role and select all that apply:

***Please refer to Medical Declaration guide if unsure of the requirements.*

Type of Medical	Select all that apply	Issue Date
Silica Medical <i>Valid 1 year</i>		
Hearing Medical <i>Valid 2 year</i>		
Asbestos Medical <i>Valid 2 year (or based on risk assessment)</i>		

Section 3 – Chemical and respective Health Monitoring declaration

Please select all chemicals that the worker will be working with or closely around.

If the worker will not be working with or closely around dangerous chemicals, the below section is not required to be completed. Please tick the box below to confirm if this is not required.

When required or when risk has been identified, the medical declaration form must be reuploaded to confirm health monitoring requirements have been met.

☐ **Not Applicable (N/A) - Please select this if the below is not applicable to the worker.**

Hazardous Chemical	Please select	Is it a significant risk to human health? (Y/N) <i>If yes, you are required to meet all the health monitoring requirements</i>	Have you met all the health monitoring requirements? (Y/N)	Issue Date
Acrylonitrile				
Arsenic (inorganic)				
Asbestos				
Benzene				
Cadmium				
Chromium (inorganic)				
Creosote				
Isocyanates				
Lead (inorganic)				
Mercury (inorganic)				
4,4'-Methylene bis(2-chloroaniline) (MOCA)				
Organophosphate pesticides				
Pentachlorophenol (PCP)				
Polycyclic Aromatic Hydrocarbons (PAH)				

Hazardous Chemical	Please select	Is it a significant risk to human health? (Y/N) <i>If yes, you are required to meet all the health monitoring requirements</i>	Have you met all the health monitoring requirements? (Y/N)	Issue Date
Silica, Crystalline				
Thallium				
Vinyl Chloride				
Antimony				
Beryllium				
Butanone (methyl ethyl ketone, MEK)				
Carbon disulfide				
Cobalt				
Cyclophosphamide				
Dichloromethane				
Ethly Benzene				
Fluorides				
Nickel				
Styrene				
Tetrachloroethylene				
Toluene				
Trichloroethylene				
Vinyl Chloride				
Uranium				
Xylene				

Section 4 – Worker and Company Declaration

You may be asked to provide evidence of medical assessment completion/outcome upon request.

By signing the below, you are acknowledging that you have met all the require health monitoring requirements for each chemical that is at significant risk to human health.

Worker signature	
Full name	
Position	
Date	
Signature	
Company representative signature	
Full name	
Position	
Date	
Signature	