Aurelia Metals Limited

Medical Declaration Form AUR-C-HRT-FOR-027



Arrival to Site Information								
Date of arrival to site:			Number of days to be onsite					
Worker Details								
Full Name:					ntact mber:			
Company:								
Medical Declaration								
 To the best of my knowledge, I declare that the worker identified in this document is fit and healthy in respect to gaining entry to site and to carry out the requested duties. The Worker has received a negative alcohol and other drugs test. Both the Worker and their Site Supervisor have been made aware of any special medical requirements of the Contract Employee which may impact on their work at site. The Worker has consented to any personal information contained in this declaration being disclosed to, and retained by, Aurelia Metals Ltd for the purposes of the management at site. The Worker's employer has complied with its obligations under the <i>Privacy Act 1988</i> in collecting, using, and disclosing any personal information about the Contract Employee contained in this declaration. The Contract Employee has no known illness or condition (including any pre-existing injuries) that would affect their ability to safely undertake work and they are not taking any medication that could impair them whilst on site. 								
Does this person have any known allergies or			s or medical con	ditions?	Yes		No	
If yes, please describe below:								
Worker Sign-off (or Person Authorised to make the Declaration if not the Worker)								
Full Name:								
Signature:	Date of Declar			of Declaratio	on:			
This form is to be uploaded into the Worker's Pegasus Profile BEFORE requesting Site Access								