

I give my Consent to the following:

1. Having **annual Hearing Tests** and a **Medical examination**, *which may also include* Lung Function or Spirometry or any other form of Health Tests as required.
2. Being involved in medical monitoring of my exposure to any workplace hazards and will participate and comply with my employer's Health and Wellbeing procedures and the drug & alcohol testing policy and procedures.
3. To provide any necessary information on my health from my doctor/ACC or other medical source or allow my employer to obtain this information.
4. To my employer seeking an independent medical opinion at the employer's expense where I have suffered any lost time injury(s) and are claiming accident compensation or at any other time my employer needs to seek independent medical opinion for the purpose of administering safety and health.
5. When I'm on any **medication** I will inform my employer of the medication being taken and **allow** for my employer to seek medical advice as to whether or not the medication prevents me from working safely.

**I have read the above consents, or had them explained to me and I understand them.**

\* Any **failure** to comply with these consents will be treated as Serious Misconduct.

***All health records shall remain strictly confidential between the employer and worker.***

**I declare** that all the above information is complete and correct to the best of my knowledge and belief, and I understand that if I have given false information it may be grounds for termination.

Worker

Signature: J. Casper

Date: 13 / 11 / 17