

EMPLOYEE HEALTH DECLARATION

Name:	
Address:	
Role:	

Northside Community Service (Northside) takes workplace health and safety seriously.

With regard to my current personal health status, I understand that Northside has a duty of care to ensure that my personal health is not adversely impacted, nor any existing health condition aggravated, in the course of the performance of my employment duties.

I confirm my acknowledgement and confirmation that:

I am not aware of any current, or previous, medical and/or health condition which might prevent me from being able to undertake all of the inherent requirements of my position;

or

I have a medical and/or health condition which I wish for Northside to be aware of.

Please provide details of your medical and/or health condition (if required):

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My medical and/or health condition:

does not require Northside to consider any workplace adjustments to my work place;

or

does require Northside to consider workplace adjustments to my work place;

Please provide details of required adjustments (if required):

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I understand that Northside will fully consider all workplace adjustments sought by me and will agree with such workplace adjustments to the extent that it is practical and reasonable to do so.

I understand that Northside may seek additional information from me, including medical and health advice, regarding workplace adjustments.

I am aware that any misleading statements in regard to my health status is a breach of the Northside Code of Conduct, and may lead to employment consequences.

In the event that my health status changes in the future, I will advise the Northside Human Resources team in writing.

Signature:

Date: