# VUL-FRM-08-01-Medication Declaration

| | |
|---|---|
| Date: | |
| Employee Name: | |
| Company: | |
| Supervisor: | |

All Coal Mine Workers are responsible for notifying their Supervisor as soon as they become aware of any medication (prescribed or non-prescribed) they are taking by completing and submitting this medication declaration form. All medication is to be taken strictly in accordance with the medical practitioner, or manufacturer's recommendations and CMWs are to report any encountered side effects to their medical practitioner and their Supervisor. Supervisors shall assess whether members of their work team are fit for duty, both at the start and throughout the work period.

## Medication

☐ Yes, **please list any medication and attach a copy clearly showing the personalised label**

☐ No

| Name of Medication | Tick box ✓ | | List any encountered side effects |
|---|---|---|---|
| | Prescribed | Non-prescribed | |
| | ☐ | ☐ | |
| | ☐ | ☐ | |
| | ☐ | ☐ | |
| | ☐ | ☐ | |

## Allergies

☐ No, I do not have any known allergies

☐ Yes, I declare I have the following allergies

| Allergen (what you are allergic to) | Symptoms and Severity |
|---|---|
| | |
| | |
| | |
| | |

Do you carry an Epi-Pen or any other form of control for your allergy? ☐ Yes ☐ No

Employee Name: _____ (print name) _____ (Signature)

SHET Department: _____ (print name) _____ (Signature)

**Please return form and relevant documentation to Safety@Vitrinite.com.au**