## 

## **New employee health declaration**

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| --- | --- |
| Name: |  |
|  |  |
| Address: |  |
|  |  |
|  |  |
| Position: |  |

Duties of position:

I have ticked the appropriate statement below:

I am not aware of any health condition which might interfere with my ability to perform the duties of this position or which might lead to foreseeable injury to myself or others in the normal course of my work.

I have an illness, disability or condition and understand that reasonable adjustments to the workplace can be made to assist employees with disabilities in carrying out the duties of the position. Any adjustments I need have been discussed with the organisation prior to completing this health declaration.

I no longer wish to be considered for this position.

I am aware that misleading statements may threaten my appointment or continued employment.

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

OEH 2016/0321

June 2016