



HEALTH DECLARATION

To ensure that all of our staff are cared for and that we meet their needs, Tui Ora Limited (TOL) requires to be informed of any known health problems which may affect you or others during work.

This declaration WILL NOT compromise your employment.

Have you ever had an injury, illness or medical condition, including those caused by gradual process, disease or infection which may be aggravated or further contributed to by the tasks of the position applied for?

Yes No

If YES please provide details and describe any technical aids, equipment or adaptations to the workplace which you would need to make your work easier and/or increase your performance.

Have you ever had an injury, illness or medical condition, including those caused by gradual process, disease or infection that may affect your ability to effectively carry out the functions and responsibilities of your position?

Yes No

If yes please give details:

Do you take or require any medication or other types of medical interventions that TOL should be aware of should you be involved in an urgent medical situation?

Yes No

If yes please give details:

Note: This information is relevant to any efforts TOL may take to accommodate your condition/s and ensure that both you and the workplace are safe and healthy. The information provided will be kept secure.

Declaration

I, _____ (full name) declare that to the best of my knowledge the answers in this declaration are correct. I understand that if I provide any false or deliberately misleading information, or any material fact is suppressed, I may not be accepted for employment or, if employed, I may be dismissed. I may also lose my entitlement for any compensation from Accident Compensation Corporation (ACC).

Signed: _____ Date: ____/____/____

Tui Ora Limited is an EEO employer and actively seeks to meet its obligations under the Treaty of Waitangi.