

## Emergency Contact, Health & Fitness Assessment Form

### CONFIDENTIAL

#### Participant Details

Name:		Email Address:	
Mobile Phone #		Home Phone #	

#### Emergency Contact Details

Name:		Email Address:	
Mobile Phone #		Home Phone #	

#### Project Supervisors' Details

Name:		Email Address:	
Phone #			

What is your role in this project? Please tick the most appropriate box:

- Staff     
  Undergraduate     
  Hons     
  MSc     
  PhD     
  Volunteer

Other:

Description of the work that you will be doing:

## Medical Fitness

- |  |     |    |
|--|-----|----|
| ➤ I have disclosed, to the Project Supervisor, all pre-existing injuries or medical conditions that could reasonably be expected to be, aggravated, accelerated, exacerbated or deteriorated by performing these field activities and any medication required (e.g. prescription meds, EpiPens (for allergies) | Yes | No |
| ➤ I understand that any personal prescription medications that may be required during the field trip are my responsibility and will ensure they are readily available. E.g. EpiPen, Insulin  | Yes | No |
| ➤ I understand that I may not be covered by insurance if I fail to disclose or make a false or misleading disclosure of the pre-existing injury or medical conditions  | Yes | No |

### Pre-existing medical condition, first-aid and required medication plan:

## Physical Fitness

Please identify your general fitness level:

### Low

- <5km on level ground
- >2km thick undergrowth or deep mud/sand
- >2km steep terrain

### Medium

- 5-10 km on level ground
- 2-5km thick undergrowth or deep mud/sand
- 2-5km steep terrain

### High

- >10km on level ground
- 5km thick undergrowth or deep mud/sand
- >5km steep terrain

Training and Qualification/s - add more rows if needed:

Qualification	Training Organisation	Copy attached Y/N

### Participant Declaration

- The information I have supplied on this form is correct
- I shall take reasonable care for my own health and safety as well as reasonable care as not to adversely affect the health and safety of others
- I shall comply, so far as I am reasonably able, with any instruction that is given by my supervisor, and with any University policy or procedure
- I acknowledge my participation in a fieldwork activity may be terminated in circumstances where I do not work in a safe manner
- I shall follow my first-aid and required medication plan
- I have received an induction from my supervisor and signed the induction form
- I have read and understood the Risk Assessment Management Plan (RAMP) for the project I am working on
- I am aware of the skills and abilities required for me to complete this work
- I am physically fit to undertake the project tasks

Signature:		Date:	
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## Project Supervisor

What is your supervisory role in this project?

- Undergraduate Supervisor
- Postgraduate Supervisor
- Field Leader
- Dive Coordinator

I certify that:

- I have provided  with all relevant induction/s
- They have read the RAMP and are aware of the risks
- I have taken any health and fitness issues into account and adjusted the RAMP as required
- I have forwarded a copy of this form and all certificates to the Field Safety Officer

Signature:		Date:	
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