

# Medication Declaration



Please complete this form and advise your Manager/Supervisor.

Employee Details	
Name:	
Site/Location:	
Phone Number:	
Employing Entity:	
Manager / Supervisor:	

You **do not** have to inform your Manager/Supervisor if you are taking the following:

- Paracetamol (Panadol)
- Ibuprofen (Nurofen)
- Contraceptive pill
- Thrush Medication
- Aspirin
- Hormone Replacement Therapy
- Anti-viral medication
- Sexual performance-enhancing medication

I am declaring the medication below:

Name + Dose of Medication	Known Side Effects	Duration on Medication

**Declaration:**

- I acknowledge that I need to inform my Manager/Supervisor if I am taking any prescription or non-prescription medication which may affect my fitness for work and/or impact a drug testing result.
- I understand that Railtrain Holdings Group (RHG) may require documentation from my treating medical practitioner to confirm I can safely perform my role whilst utilising this medication.
- I have been informed and understand the potential side effects associated with the use of this medication.
- I am aware it is my responsibility to manage my fitness for work.

I have provided a copy of the prescription for any declared prescription medication.

Employee Signature:		Date:	
<b>Supervisor / Manager – Do you require more information about the declared medication?</b> No <input type="checkbox"/> Yes <input type="checkbox"/> – (If 'Yes', please contact the CMO or WHS Team)			
Additional Comments:			
Manager/Supervisor Signature:		Date:	

A copy of this declaration is to be provided to the WHS Specialist in your respective area.

