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| **MEDICAL DISCLOSURE FORM – LABORATORY/WORKSHOP ACTIVITIES** |

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| 1. In order to assist the University, assess the capacity for all staff (including employees and contractors), students and any other persons who participate in activities in ACU laboratories or workshops to do so safely, you are required to complete this Form. 2. If, after completing this Form, you become aware of any change in circumstances which may affect your capacity to participate safely in any laboratory or workshop activities, you should immediately advise your Laboratory Supervisor/Course Coordinator and, as soon as practicable, complete a further copy of this Form. 3. If you have any doubts about your capacity to participate safely in laboratory or workshop activities, you should speak with your laboratory supervisor/course coordinator and you may also wish to obtain medical advice. 4. If you have a disability or impairment which may affect your capacity to safely participate in laboratory or workshop activities, and you still wish to participate in such activities, you should contact your laboratory supervisor/course coordinator and/or your local campus Disability Advisor. Staff members should contact Human Resources via [Service Central](https://acu.service-now.com/service_central?id=servicecentral_home). 5. **Note:** If you are pregnant, you should be aware that many of the hazardous materials used in the laboratory or workshop can potentially harm the foetus. If you have any questions, you should speak with your laboratory supervisor/course coordinator and you may also wish to obtain medical advice. | | | |
| **TO BE COMPLETED BY PARTICIPANT** | | | |
| Family name: | Given name(s): | | |
| School: | Campus: | | |
| Are you aware of any medical condition or other condition (including pregnancy) which may affect your capacity to participate safely in laboratory or workshop activities? (If yes, please specify condition): | | 🞏 Yes | 🞏 No |
| Are you currently taking medication or other substances (whether prescribed or not) which may affect your capacity to participate safely in laboratory or workshop activities *(e.g. medication with a warning alerting the user is not to drive a motor vehicle or operate machinery whilst taking the medication)*? | | 🞏 Yes | 🞏 No |
| If you answered YES to any questions, you should contact your laboratory supervisor/course coordinator.  You may also be required to undergo a medical assessment to determine your capacity to participate safely PRIOR to undertaking any laboratory / workshop activities.  National Heads of School should retain a copy of this form and are also to ensure that all original forms are forwarded to the following administrative units:   * Students – local campus Student Centre, and for students with disabilities – the local campus Disability Advisor; * Staff – Human Resources, Strathfield.   *PLEASE NOTE:*  *All medical information will be used only for the purpose for which it was collected and will not be disclosed to other parties (other than ACU advisors, in accordance with ACU's Privacy Policy or unless permitted by law) without your consent.* | | | |
| **Personal Declaration:**   1. I declare that I have read and understand this form and that I have completed it to the best of my knowledge and ability, disclosing all relevant facts as they are known. 2. I also undertake to immediately advise the laboratory supervisor/course coordinator of any change in my circumstances that may affect my ability to participate safely in any laboratory or workshop activities. | | | |
| Signature: | Date: | | |

**Please submit a copy of this completed form to** [**Service Central**](https://acu.service-now.com/service_central?id=servicecentral_home) **using the general enquiry form.**