NMG
New Murchison Gold Limited

MEDICAL DECLARATION FORM
NMG-CPO-MOB-FRM-003

Short Term Workers and Visitors are required to complete this **Medical Declaration** prior to being given site access, accommodation and flights.
Form to be completed by applicant

SECTION 1 – Personal Details *All fields mandatory*

First Name		**Last Name**	
Date of Birth		**Height**	
Weight		**Name of GP**	
GP Details			

SECTION 2 – Employment Details

Work Site	**Crown Prince Operations:** ☒		**Other:** _____
Employer		**Job Title**	
Site Contact			
Department	**Administration:** ☐	**Maintenance:** ☐	**Laboratory:** ☐
	Surface Mining: ☐	**Crushing:** ☐	**Other:** _____

SECTION 3 - Medical History

In the last 5 years have you ever experienced or received medical advice or treatment for any of the following?

Lung conditions / Asthma / Chronic cough	☐ **Yes** ☐ **No**	Anaemia / Bleeding or blood disorders	☐ **Yes** ☐ **No**
Hay fever / Allergies / Skin Conditions	☐ **Yes** ☐ **No**	Cancer / Tumour (including skin cancers)	☐ **Yes** ☐ **No**
Eye / Vision problems	☐ **Yes** ☐ **No**	Depression / Anxiety / ADHD / Mental illness	☐ **Yes** ☐ **No**
Hearing Loss or Ear problems	☐ **Yes** ☐ **No**	Dental problems / Gum infection	☐ **Yes** ☐ **No**
Heart disease / Attack / Chest pain (angina)	☐ **Yes** ☐ **No**	Recurrent / chronic infection	☐ **Yes** ☐ **No**
High blood pressure / High Cholesterol Palpitations / Irregular heartbeat	☐ **Yes** ☐ **No**	Head injury / concussion	☐ **Yes** ☐ **No**
Stroke / Paralysis / Numbness or tingling in limbs	☐ **Yes** ☐ **No**	Arthritis / Gout	☐ **Yes** ☐ **No**
Epilepsy / Seizures / Dizziness or fainting	☐ **Yes** ☐ **No**	Broken / Fractured bones	☐ **Yes** ☐ **No**
Persistent headaches / Migraines / Chronic Fatigue	☐ **Yes** ☐ **No**	Shoulder / arm / elbow / wrist / hand pain or injury	☐ **Yes** ☐ **No**
Stomach or Intestinal problems	☐ **Yes** ☐ **No**	Neck or back pain / injury	☐ **Yes** ☐ **No**
Liver disease / Hepatitis	☐ **Yes** ☐ **No**	Knee or foot pain / injury	☐ **Yes** ☐ **No**
Kidney / Bladder / Prostate problems	☐ **Yes** ☐ **No**	Sleep Apnoea / Do you use a CPAP machine?	☐ **Yes** ☐ **No**
Diabetes / Glycaemic episodes	☐ **Yes** ☐ **No**	Have you been admitted to hospital or undergone any surgery?	☐ **Yes** ☐ **No**
Thyroid (underactive/overactive)	☐ **Yes** ☐ **No**	Any other illness / injury not listed, please provide details below	☐ **Yes** ☐ **No**

Please provide details to any questions you answered YES to:

SECTION 3 – Medical History

Have you ever had a work related illness or injury? If yes please provide details of each occurrence below:	☐ Yes ☐ No

Injury Type/Body Location	Date of Onset	Treatment received/Doctor seen	Date Injury/illness resolved	Amount of time Required off work

Are you currently taking any medications?	☐ Yes ☐ No

Medication	Purpose

Are you currently being treated by a doctor for any medical conditions or have any treatment pending?	☐ Yes ☐ No
If yes, please provide any relevant details:	

Have you ever been refused employment due to medical reasons?	☐ Yes ☐ No
If yes, please provide any relevant details:	

Is there any reason why you cannot wear personal protective equipment?	☐ Yes ☐ No
If yes, please provide any relevant details:	

Declaration

I confirm that the information I've provided is true and correct to the best of my knowledge. I understand that giving false or misleading information can lead to my site access being taken away.

I also understand that I may be asked to take a drug and alcohol test as part of getting or maintaining access to the site. If I am taking any medications, prescription or over the counter, I will let the site medical team know.

I understand that trying to cheat the DAS in any capacity, failure to present for a DAS, attempting to influence the person performing the test will result in my site access being withdrawn.

Consent for Medical Information

I understand that New Murchison Gold Ltd may need more details from my doctor, specialist, or health provider if there are any medical issues or past injuries that could reasonably affect my work on site or present an increased risk to other personnel. If I don't give this information when asked, my access or job offer may be withdrawn.

I give permission for the company's medical team and any health professionals involved in my assessment to share and discuss my medical information as far as is applicable to this application to site access. This is only to help decide if I'm fit for work on site and to make sure safety and health standards are followed.

Full Name: _____

Signed: _____ Dated: _____