

Anglican Diocese of Newcastle

Health and Medical Declaration Form – Volunteer Role During COVID19

The Australian Government has advised people 70 years of age and older, those 65 years and older with chronic medical conditions, people with weakened immune systems and Aboriginal and Torres Strait Islander people 50 years and older with a chronic medical condition to remain at home.

The **health and safety** of all workers, volunteers and participants attending our sites is paramount. The Diocese is taking all reasonable steps to create a COVIDSafe environment. However, it is possible that the applicant may come into contact with people or items which have been exposed to COVID19.

The applicant is seeking medical clearance to undertake a volunteering role with the Anglican Diocese of Newcastle. This form is to be used by a person that falls within the vulnerable category but wishes to return to their pre COVID duties and is fit and well to do so.

Position Details
Location:
Role:
Hours per week:

Contact Details
Christian Name(s):
Family Name or Surname:
Contact Phone Number:
Email Address:

HEALTH DECLARATION

Question one:	
Are you aware of any circumstances regarding your physical or psychological health or capacity that would interfere with your ability to perform your voluntary duties or which may require a modified workplace to carry out these duties?	
<i>In answering this question Yes or No you are also covering factors such as: existing or exposure to infectious diseases, taking of medication/treatment on a regular basis (daily, weekly, monthly) If yes, what adjustments do you need to perform the genuine and reasonable requirements of this ministry (if any)?</i>	
<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide details

Question two:

Do you have an existing injury or condition or pre-existing injury or condition that could be affected by undertaking this role?

Existing is a condition for which treatment is still being received. Pre-existing is where an injury or condition/s is present but treatment is not required. If yes please provide details of the injury or condition(s). If yes, what adjustments do you need to perform the genuine and reasonable requirements of this ministry (if any)?"

- No
- Yes

If yes, please provide details

THE ANGLICAN DIOCESE OF NEWCASTLE - Privacy Policy

Effective 21st December 2019

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DECLARATION BY THE VOLUNTEER

I, _____
(Name of Volunteer)

of _____
(Applicant's Address)

do sincerely declare that the contents of this form are true and correct and complete to the best of my knowledge and no information concerning my past or present state of health has been withheld.

I confirm that I understand the health risks posed by COVID19.

I agree that my General Practitioner DR _____ of _____

_____ Telephone: _____

may discuss with the Bishop or the Bishop's Appointed Representative my health declaration and his/her medical declaration.

I understand that any wilfully incorrect or misleading answer or material omission which relates to any of the questions before mentioned may make me liable to disciplinary action which may include dismissal. I understand that this health declaration and my General Practitioner's Medical Declaration will form part of my file.

Applicant's signature _____

Date: ____/____/____

MEDICAL DECLARATION

I, _____ of _____
(General Practitioner's Name) (GPs Address)

declare that I have known (Volunteer) _____ in a professional capacity for _____ and/or I have had access to the medical records of his/her previous GP(s).

I understand that for the purposes of this Health Declaration ministry is similar to A MEDICAL CHECK associated with employment.

I have explained to the applicant the risks associated with COVID19 and their health

I have reviewed the contents of his/her Health Declaration and I am satisfied that the disclosures are a sufficient disclosure of his/her health needs in relation to their ministry.

I confirm that he/she is

_____ medically fit to undertake this role without adjustments or restrictions

_____ medically unfit to undertake this role

_____ medically fit to undertake this role with the following restrictions

I understand that (Volunteer) _____ has authorised me to discuss their Health Declaration and my Medical Declaration with the Bishop of Newcastle or the authorised representative of the Bishop of Newcastle.

General Practitioners 's signature _____ Date: ____/____/____