YBE(2) PTY LTD

HRPOL001A- Medical Declaration Form

Name:
Date of Birth: / /
Position:
Department:
Supervisor:
Please fill out to declare all medications taken including vitamins, supplements and any ongoing medications.

Medication	Dosage	Prescribed by Doctor	Time last taken	Dosage or number taken	Total taken in 24 hrs
		Yes / No			
		Yes / No			
		Yes / No			
		Yes / No			
FOR EMERGENCY USE I AM REQUIRED TO CARRY THE FOLLOWING MEDICATION/S.					
Medication Name					
For the condition of					

Signed _____ Dated _____

Once Medical Declaration is completed please forward immediately to HR department for processing.