

Emergency Contact Health and Fitness Risk Assessment Form for Staff, Post Graduate Students and Volunteers

You will need to fully complete the form ie answer all questions Yes/ No or NA plus sign and date. For volunteers, the section dealing with Skills and Abilities should have been modified by the researcher to reflect the activities you will be expected to undertake.

The person who will be conducting/responsible for the intended field /laboratory work should modify the section dealing with Skills and Abilities to reflect skills and abilities (including fitness) relevant to the intended activity. It is particularly important that volunteers complete this section and that it is directly applicable to what they may be asked to do. If the volunteer activity changes during the course of the project, the Student/Researcher who is also the Supervisor of the Volunteer, should re write the skills and abilities section and have the volunteer sign off on this section once more. The signed page can then be appended to the original documentation.

Title/Brief description of the work which you will be doing_____.

_____.

_____.

_____.

_____.

_____.

Supervisor/s:_____.

Capacity

What role will be your role in this project? Please tick the most appropriate box.

- Staff (ie acting as an employee of the University/ contractor / consultant / collaborator)
- Student activity (ie this is part of my studies at this University) Project
- Hons MSc PhD
- Volunteer (ie totally external to the University system or acting in a voluntary capacity regardless of student/staff links to the University)
- Other: Please give details

*Note:

- Fill in all relevant sections.
- Attach additional sheets if there is insufficient room for your answer
- This information is confidential will only be used for the prevention of a foreseeable mishap and or the event of an accident or medical emergency involving you.
- If during the course of your involvement with the School any of the information within this form becomes outdated, you should inform the School Safety Officer.
- This form is valid for only 1 semester for Undergraduate Students
- For insurance purposes, volunteers names and telephone numbers will be registered on the Schools Volunteer Register.

Personal details

Surname: _____ First name(s): _____.

Student Number _____.

Date of Birth: _____.

Phone numbers Home: _____.
 Work: _____.
 Mobile: _____.

Email: _____.

Emergency contact details

Relationship: _____.

Surname: _____ First name(s): _____.

Phone numbers Home: _____.
 Work: _____.
 Mobile: _____.

Email: _____.

Medical conditions such as allergies and asthma may be triggered when working in laboratories. Other safety considerations include, pregnancy, hearing, vision impairment, migraines, respiratory problems, epilepsy and mental illness. Additional to the above considerations fieldwork may require lifting and/or strenuous activity.

Please indicate with a Y(es) or N(o) written in the box if you now or have ever had any of the following conditions or injuries:

- | | | | |
|---|--------------------------|--------------------|--------------------------|
| Asthma | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Lung injuries or illness | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> |
| Breathing difficulties or shortness of breath | <input type="checkbox"/> | Heat exhaustion | <input type="checkbox"/> |
| Cardio vascular injuries or illness | <input type="checkbox"/> | Haemophilia | <input type="checkbox"/> |
| Chest pain | <input type="checkbox"/> | Allergies | <input type="checkbox"/> |
| Vertigo | <input type="checkbox"/> | Stings or bites | <input type="checkbox"/> |
| Back injury | <input type="checkbox"/> | Joint/ Bone injury | <input type="checkbox"/> |
| Pregnancy | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> |
| Hearing impairment | <input type="checkbox"/> | Vision Impairment | <input type="checkbox"/> |
| Migraine headaches | <input type="checkbox"/> | | |

If you indicated Yes to any of the above list please give details:

Do you have any further illnesses or injuries not outlined above that may prevent you from participating safely in laboratory or field based activities, please indicate with a Y(es) or N(o) in the box

Please give details:

Do you require any medications on a regular basis or for intermittent control of a known condition, please indicate with a Y(es) or N(o) in the box

If Yes, please give details of the medication and purpose.

Have you had any first aid training and qualifications, please indicate with a Y(es) or N(o) in the box

Please give details of qualification, training organisation, date of certification and date of expiry

Skills and Abilities relevant to intended volunteer activity.

The person who will be conducting/responsible for the intended field/laboratory work should modify this section to reflect skills and abilities relevant to the intended activity being asked of the volunteer. If a volunteer's task alters as the research progresses, this section (not the rest of the form) should be modified to reflect the volunteer's activity, then printed out and signed by the volunteer. The page is then attached to the original form.

You should develop a short explanation/briefing on where, what and how the person will be involved. You should also develop some Yes/No questions for the person to answer which will provide documentary evidence that they are aware of and possess the particular skills and abilities required to work in this field/laboratory work.

Below is an example to give you an idea of what to do.

This project will involve setting up 10mt square quadrats in bush in the Barragoon lake area near GinGin. Once the quadrats are in place sampling will occur over a period of twenty days total over the next four months. Volunteers will be assisting with the setting up of the quadrats (driving in corner stakes with a small hammer) the collection of plant and soil samples and the identification of plant samples.

Are you confident walking through areas of native bush? Yes / No

Do you know how to use secateurs safely? Yes / No

You are required to wear long pants, closed foot wear and a hat.

* **Note:** Delete both explanations and examples above and substitute your own information.

Please describe your general fitness level?

Certification

I hereby certify that the information I have supplied on this form is correct

Signed:

Name (print):

Date:

Reviewed by:

Date