Declaration of Worker's Fitness for Work



The following declaration must be signed by the Contracting Company's (employer) authorised representative and forwarded to the nominated IGO representative in order to mobilise any individual to perform work on an IGO site. All criteria must be fulfilled prior to mobilisation. IGO's representative(s) retains the right to audit the Contracting Company's compliance to these mandatory requirements, at any time.

Worker Health and Fitness Declaration	
Employee Name: (As listed on drivers' licence or passport)	
Employee Role	
Employee Date of Birth:	
Contracting Company (employer) Name:	
As an authorised representative of the Contracting Company, I confirm the following mandatory requirements have been met:	
Our company has verified the above-mentioned employee is deemed fully fit for work in the role specified above.	
The above mentioned employee has completed a Drug and Alcohol test while under continuous employment with our company in accordance with AS/NZ Standards within the last 3 months and has returned a negative result.	
Our company has informed the above mentioned employee that they will be subject to take part in IGO's Drug and Alcohol testing program for the duration of their engagement period with IGO.	
Our company has identified all the necessary statutory and regulatory medicals that the above mentioned employee will be subject to in their work performed at the IGO site; and that our company will undertake these medicals within the legislated periods allowable for such medicals.	
If the above mentioned employee has an existing medical condition(s) that may affect their ability to perform work, the medical condition shall be appropriately managed by the above mentioned employee whilst onsite and (when in place) declared to the onsite Medical Centre on their arrival	
Authorisation	
Contractor Site Manager (Print name):	
Contractor Site Manager/ Authorised Representative Signature:	
Date:	