

CONTRACTOR/LABOUR HIRE MEDICAL DECLARATION FORM

This form must be completed in full and signed by the Company Officer prior to submission.

EMPLOYER DETAILS

COMPANY NAME

If applicable, please include both principal contractor and sub-contractor names

WORKER DETAILS

FULL NAME

POSITION

DATE OF BIRTH

DEFINITIONS

COMPANY OFFICER

A Duty Holder under the WA WHS Act who makes, or participates in making, decisions that affect the whole, or a substantial part, of the organisation's activities.

MINRES

Mineral Resources Limited.

MINRES SITE

All MinRes owned and occupied premises and workplaces where activities are being carried out on behalf of MinRes and client sites where MinRes is in control of activities or physical work areas.

OUR COMPANY

Sub-Contractor / Labour Hire company to Mineral Resources Limited.

WORKER

The person appointed / engaged by the sub-contractor / labour hire company, even if this person is not a direct worker.

DECLARATION BY THE EMPLOYER

As a Company Officer of the employer above, I confirm the following mandatory requirements have been met for the worker named above:

- Our Company has verified the worker has been medically assessed by a qualified medical practitioner within the preceding 12 months prior to mobilisation to a MinRes site.
- Our Company has verified the worker has been medically assessed and deemed to be fully fit for the requirements of the above position, including the hazards and risks associated with working in remote environments, with no limitations or restrictions required.
- Our Company confirms it meets all the required health and safety requirements in accordance with all Federal, State or Territory Legislation, Regulations, and associated Codes of Practice for the above-mentioned worker in managing fitness for work requirements.
- Our company understands that the worker will be subject to drug and alcohol testing as per the MinRes Drug & Alcohol Procedure.
- In accordance with MinRes' Fitness for Work policy, our company has verified that the worker is free of alcohol and illicit drugs at the time of testing within 90 days preceding their mobilisation to a MinRes site. The drug and alcohol screen results have been attached to this form.

☐ **Instant or Laboratory Drug and Alcohol Screen provided** (results to be provided via INX +process, Site Entry Requirements)

NOTE: Full Medical results should **NOT** be sent through; only the drug and alcohol screen result must be sighted. A copy of the full medical may be requested by MinRes.

COMPANY OFFICER DETAILS (As Defined by WA WHS Act)

FULL NAME

POSITION

SIGNATURE

DATE