

**EMPLOYEE INFORMATION RIGHTS & OBLIGATIONS**

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**Overview**

The OH&S act requires that Statewide Door Service, to the best of it's ability, provide a healthy and safe environment for its employees and contractors to work. This also includes, that in the case of a medical emergency, that medical assistance be provided in a timely and safe manner. To be able to provide this, we may need to provide medical staff with information about your health status. We also need information which will enable us to contact appropriate family or friends, if this is required.

The information asked for in the form 'EMPLOYEE INFORMATION' will help us provide this as required by the OH&S act. This information will remain confidential and will only be accessed by the appropriate staff member should this need arise. It is against the law to provide this information to any other party without your express permission.

Further, should you wish, an envelope will be provided for you to seal this information, only to be opened in case of a medical emergency.

**Employee**

This information is required to identify you to medical staff.

**Emergency**

This information will be provided to the appropriate medical staff and the designated Statewide Door Service staff member, to enable contact to be made. The Statewide Door Service staff member will provide your contact with details of the incident and your current whereabouts, and if known, where you will be taken. As we are not medical staff, we will not provide your contact with information regarding the severity of your injury, but will direct your contact to the proper medical staff, if possible.

**Medical Information**

This information will be provided to the appropriate medical staff should the need arise.

**Update Requirements**

Because your medical condition can change it is important that you advise Statewide Door Service if alterations are required to be made to your information.

This form will be required to be updated by us every year, to ensure we have the most up to date information.

Please fill in the form 'EMPLOYEE INFORMATION' and return form to Statewide Door Service.



**EMPLOYEE INFORMATION**

**Please read the 'Employee Information Rights & Obligations' form before completing this form.**

NOTE: This sheet contains information covered under the applicable privacy acts. Information contained in this sheet should not be shown, divulged or disseminated to others without the express permission of the person named herein, except where this information may be required in a Medical and/or Safety Emergency.

**Items marked \* are required items, Items unmarked are optional**

**Employee:**

\*Family Name: .....

\*First Name: ..... Middle Name: .....

\*Home Address: .....

\*Suburb:..... State:..... Postcode: .....

\*Phone Number: ..... and/or Mobile Number: .....

Email: .....

Religion: .....

**Emergency:**

First contact:

\* Name: .....

\* Relationship:  spouse/partner  Parent  Child  Sibling  Other: .....

\* Contact Phone: ..... Contact Mobile:.....

Secondary:

Name: .....

Relationship:  spouse/partner  Parent  Child  Sibling  Other: .....

Contact Phone: ..... Contact Mobile:.....

Other:

Name: .....

Relationship:  spouse/partner  Parent  Child  Sibling  Other: .....

Contact Phone: ..... Contact Mobile:.....

**Medical:**

\*Reaction to Medicines: .....

I.e. (penicillin)

.....

\*Allergies: .....

I.e. (peanuts)

(bee stings)

.....

\*Other Health Issues :.....

I.e. (blood pressure)

(diabetes)

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I hereby authorise the use of this information as required in an emergency situation. I understand it is my duty to inform Statewide Door Services of any changes to information contained in this form.

Employee Signature: ..... Date: ...../...../.....