

Health & Safety Declaration Form

Confirms employee awareness of workplace health and safety obligations.

01 Employee Information

Employee Name

Employee ID

Department

Work Location

Position

02 Health & Safety Acknowledgments

Safety Topics Acknowledged

- Fire Safety & Evacuation
- Ergonomic Workspace Setup
- Incident Reporting
- Mental Health & Wellbeing

- First Aid Procedures
- Hazardous Materials Handling
- PPE Requirements
- COVID-19 / Pandemic Protocols

Training Completed?

Training Date

Known Workplace Hazards

03 Medical Declaration

Pre-Existing Conditions

Special Accommodations Required

Emergency Procedures Acknowledged?

04 Declaration

Declaration Date

Additional Notes

Declaration & Consent

I declare that I have been informed of the workplace health and safety policies applicable to my role and location. I agree to comply with all safety procedures and report any hazards, incidents, or concerns promptly. I understand that failure to comply may result in disciplinary action. All data will be handled in accordance with Humii's Privacy Policy.

Authorized Signature

Date (DD/MM/YYYY)

Full Name (Print)

Designation