

If you have a known physical condition or disability such as epilepsy, diabetes, impaired eyesight, impaired hearing, back trouble, heart trouble, **allergies**, aversion to heights, or are subject to dizzy spells, please advise your supervisor. This information remains PRIVATE and CONFIDENTIAL and is only referenced in the unfortunate circumstance that an accident/incident has left you unable to communicate with site safety.

This information is necessary to ensure your health and safety and that of your co-workers. Previous injuries or exposure to certain elements could put your health at risk. Information provided on this form will assist with appropriate placement for work in accordance with your limitations. This information does not impede your employment with CDN. Power Pac in any way.

- Do you have any of the above physical conditions or disabilities? Yes No
- Do you have any additional “not mentioned” handicaps? Yes No
- Do you or are you taking any medications? Yes No
- Do you have any previous injuries or exposures? Yes No
- Do you have any allergies that could cause a potential for injury? Yes No

If answered Yes to any of the above please explain:

I _____ hereby certify that all statements made on this health and safety form are correct and to the best of my knowledge. If required, I authorize CDN. Power Pac to investigate fully, all information contained in this form. I understand that any misrepresentation by me in this application will be sufficient cause for denial or termination of employment.

Signature: _____

Date: _____