

## Site Pre-Mobilisation Health Questionnaire

This form **MUST BE** completed by workers who plan to do remote or isolated work for Queensland Hydro, as defined in the Queensland Hydro **Remote, Isolated and Lone Work Procedure (HS-PRO-00017)**. The form must be completed every 12 months, or in the event that a change occurs to your health/ medical status that may impact your ability to safely perform the requirements of the remote and isolated work.

The Borumba Pumped Hydro Project site is located in a remote and isolated location, with limited access to emergency and medical services. Remote and isolated work will typically involve driving on steep, winding roads and walking on steep and at times slippery or unstable ground, in areas that are heavily vegetated.

Please take the time to respond comprehensively and accurately to the following questions.

If you have any questions or concerns please contact your Queensland Hydro contact for more details. Information provided to Queensland Hydro via this questionnaire will be reviewed by the Health and Safety Team; is treated as confidential and is subject to Queensland Hydro's Privacy Policy.

<b>Worker Name</b>		
<b>Worker Contact E-mail</b>		
<b>Worker Contact Telephone</b>		
<b>Worker Company name</b>		
<b>Supervisor / Emergency Contact Person / Next of Kin Name</b>		
<b>Supervisor / Emergency Contact Person/ Next of Kin E-mail</b>		
<b>Supervisor / Emergency Contact Person/Next of Kin Phone</b>		
<b>Are you susceptible to motion sickness or vertigo?</b>	Yes / No	If yes, Insert Details Here
<b>Do you have any known allergies that produce a severe or anaphylactic reaction? E.g. wasp, bee, tick, foodstuff?</b>	Yes / No	If yes, Insert Details Here
<b>Do you have any of the following:</b> <ul style="list-style-type: none"> <li>• Insulin-dependent Diabetes?</li> <li>• Asthma or other respiratory conditions?</li> <li>• Heart Conditions (including pacemaker)?</li> <li>• Haemophilia or other blood clotting conditions?</li> <li>• Any other condition we may need to be aware that may impact your ability to safely undertake the remote or isolated work?</li> </ul>	Yes / No	If yes, Insert Details Here
<b>Do you take medications that may impact your ability to drive or operate heavy machinery?</b>	Yes / No	If yes, Insert Details Here
<b>Do you have any special medical requirements in the event of an emergency?</b>	Yes / No	If yes, Insert Details Here
<b>Do you have any current or pre-existing injuries that could potentially be exacerbated by attending site?</b>	Yes / No	If yes, Insert Details Here
<b>Any other comments:</b>		
<b>Signature:</b>	<b>Date:</b>	