MELBOURNE MARKET AUTHORITY MEDICAL DECLARATION



DECLARATION OF FITNESS FOR DUTY FOLLOWING INITIAL SCREENING RESULT THAT NEEDS TO BE REFERRED TO THE LABORATORY

A sample that you provided in a drug or alcohol test has returned an initial screening result that needs to be referred to the laboratory. It is acknowledged that you have declared that you have taken a legal substance that may influence the result. We must now determine whether you are fit for duty.

You may only return to Market Land if:

1 you have taken a particular prescription or non-prescription substance that would not result in a breach of MMA's

	Drug & Alcohol Testing Program; and						
2	you believe that medication has caused the initial screening result; and						
3	you have not consumed any illegal drugs which could have caused the initial screening result; and						
4	you believe you are fully fit to perform your duties; and						
5	you make a statutory declaration with the following content:						
has proc pharmac	ve that the initial pre-screen drug test performed on a saliva sample provoduced a screening result that needs to be referred to the Laboratory, is aceutical medication/non-pharmaceutical substance that would not resum and Operating Rules	the sole result of me having consumed a legal					
pharmad	er declare that the substance or substances that I have consumed is/are aceutical substance(s) and I have taken that/those product(s) directly in eneral Practitioner (or other Clinician) and/or the manufacturers' instructi	accordance with the instructions provided to me by					
I declare	are that the substance or substances that I have referred to above is/are	and that I took them as follows:					
2.	ACKNOWLEDGEMENT						
1.	 I acknowledge that I have read the Operating Rules and the Drug and Alcohol Policy (available on <u>www.melbournemarkets.com.au/home/market-operations/rules-and-safety/</u>) and agree to be bound by them. 						
2. I confirm that all of the information provided by me in this form is current and correct.							
Ful	ull Name:						
	ignature:	Date: / /					
Sig	ignature.	Date. / /					
3.	MARKET BUSINESS AUTHORISATION						
If you ha	have any queries regarding this form, please contact me on 03 9258 61	00.					
Malcolm General	m Lum al Counsel & Head of Property						

Melbourne Market Authority

Notes:	 	 	