Skin Checks Consent Form

Activity: Skin Checks	(the "**Service**")	**Site/location:**
Company: Lend Lease	(the "**Employer**")	**Date of Service:**

I, the undersigned, agree that:

1. Information about your activity

Please ensure you understand the activity you are undertaking prior to participating in the Service and notify the service provider before commencing the activity if you have any condition, injury illness or impairment that may affect your participation.

Skin Check involves the examination of skin in the following areas:

- Face
- Neck and upper chest
- Hands
- Forearms
- Elbows
- Any areas of concern expressed by the participant

Depending on what part of the body you want checked, you will be required to undress to your underwear, including shoes and socks. A disposable gown will be provided. You will be given a results card for your record and the opportunity to ask questions relating to your health screening.

2. General terms of Service

2.1 I request and consent to Bupa Wellness Pty Limited (trading as Bupa Wellness) or any person or entity acting on Bupa Wellness's behalf administering the Service to me and acknowledge that I undertake the Service at my own risk.

2.2 I am aged 18 years or older, I am physically capable and to my knowledge I do not suffer from any condition, illness or impairment that prevents me from taking part in the Service, or that makes the Service a risk to me.

2.3 If I am required to provide Bupa Wellness, its agents or sub-contractors with specific information (about my health or any other matter) prior to participating in the Service, my failure to give complete and accurate information may result in injury, illness or death and neither Bupa Wellness, its employees, agents, sub-contractors, representatives or related bodies corporate will be liable for any injury or loss I suffer;

2.4 I understand that the Service is a general assessment of some potential health issues based on the limited information I have provided, and is not a diagnosis. I acknowledge that for a full health assessment, the diagnosis of any symptoms, or to follow up on any results that fall outside of the normal range, I should consult my doctor.

2.5 I will immediately inform the Bupa Wellness representative of any adverse changes I experience in the course of participating in the Service, including (but not limited to) discomfort, pain, shortness of breath or dizziness.

2.6 I hereby release and hold harmless Bupa Wellness, its employees, agents, sub-contractors, directors and related bodies corporate from any and all actions and claims which may be made by me or on my behalf or by other parties for, or arising out of, any injury, loss, damage or death occurring as a result of my participation in the Service.

3 . Privacy

When you register to participate in the Service, and in the course of you receiving the Service, Bupa Wellness will collect personal information (including health information) from you. By participating in the Service you agree that:

3.1 You consent to Bupa Wellness collecting your personal information (including information collected on this form, or via the booking process) for the purposes of providing and administering the Service.

3.2 Bupa Wellness may disclose your personal information to any employee, agent, subcontractor or other party that requires the information for the purpose administering or providing the Service. Bupa Wellness also disclose your personal information for purposes permitted by the Privacy Act 1988 (Cth) (Privacy Act), including where we reasonably believe the disclosure may lessen or prevent a serious and imminent threat to your life, health or safety or a serious threat to public health or safety.

3.3 We will not disclose your personal or health information to the Employer, except: (a) where the disclosure is in a de-identified, aggregated format; or (b) for the purposes of arranging, booking or confirming you have attended the Service; or (c) where disclosure is permitted under the Privacy Act, or permitted or required by law.

3.4 You have a right to request reasonable access to the personal information Bupa Wellness holds about you. To request access to your information, please contact Bupa Wellness on 1300 360 107.

3.5 You otherwise agree that your personal information will be handled in accordance with Bupa Wellness's Privacy Policy, available at www.bupawellness.com.au or by contacting Bupa Wellness on 1300 360 107.

Signature: _____

Name (please print): _____

Date of birth: _____

Age

☐ 0 – 20 ☐ 21 – 30 ☐ 31 – 40
☐ 41 – 50 ☐ 51 – 60 ☐ 61+

Employee Status:

☐ Wage ☐ Salary ☐ N/A

Work Email: _____

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