



# Worthing Archaeological Society

*(Affiliated to the Sussex Archaeological Society)*

## FIELD WORK HEALTH & FITNESS - ANNUAL FORM

This form is for members of the field unit who will be undertaking works on a number of sites. **Before undertaking field work, please read page 6 of the Fieldwork Handbook on Health and Safety (in the Document/Policy page on the WAS website), then complete the form below and sign the indemnity statement.** Any information will be held by the membership officer and on site by the field unit director or site supervisor. Information is treated as confidential and will only be used for the purpose of medical emergencies during excavations or similar works. The form will be discarded after a year or earlier if the field unit director is advised that you no longer wish to take part in field unit activities.

### COVID

The UK government have removed remaining domestic restrictions in England from 24 February 2022 and so it is now a matter of personal responsibility as to what precautions you take.

It is still possible to catch and spread COVID-19, even if you are fully vaccinated. If you have any of the main symptoms of COVID-19 or a positive test result, the public health advice is to stay at home and avoid contact with other people.

1. Planned start date with the field unit .....
2. Have you been adequately informed about the conditions and potential hazards of field unit works and the types of site? **YES/NO** (delete as applicable)
3. Do you have a condition that could impair your performance of some of the tasks you plan to undertake on the site? **YES/NO** (delete as applicable)
4. Do you have a condition that could compromise the safety of others on site? **YES/NO** (delete as applicable)
5. Do you have concerns about your general fitness or ability to take part in the site activities you plan to undertake? **YES/NO** (delete as applicable)
6. Please give the name and telephone number of someone to contact in an emergency

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### INDEMNITY STATEMENT

I have completed this form accurately and to the best of my knowledge and give my consent to the nominated officers of the society holding this data.

I have read and understood WAS H & S Policy in the Fieldwork Handbook and agree to abide by the conditions therein.

I agree to ensure that I have adequate supplies of medication to cover my requirements on site. I agree to carry them with me at all times and accept responsibility if I do not do so.

Signed ..... Name .....

Date: .....

**President: Mr John Mills**

**Chairman: Mr Keith Bolton**