

Name:
DOB:
Address:

Company:



Medical Summary

Proposed Occupation: _____

Assessment Summary			
Height: cm	BMI: kgs	<input type="checkbox"/> Underweight <input type="checkbox"/> Normal <input type="checkbox"/> Overweight <input type="checkbox"/> Obese	
Weight: cm	WHR: cm	<input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk	
	Met Requirement		Met Requirement
Medical History	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hearing Test	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Spirometry	Yes <input type="checkbox"/> No <input type="checkbox"/>
Functional Capacity Assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Drug Test	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Active or Past Medical Conditions			
Does the candidate have any existing or active medical conditions?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the candidate have any history of overuse or repetitive strain injury?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the candidate's cardiovascular risk rating?		Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	
Does the candidate have any current or past work-related injuries or conditions?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the candidate have any medical or functional impairment that requires further assessment or management?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the candidate have any diagnosed or previous mental health conditions?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Examiner Comments			
<hr/> <hr/> <hr/> <hr/>			
Risk Rating			
GREEN (Fit) Low Risk	<input type="checkbox"/>	The candidate is currently fit for the proposed position	
AMBER (Fit Conditional) Medium Risk	<input type="checkbox"/>	The candidate is fit to perform the proposed position, however further discussion regarding the candidate's medical management is recommended. It is strongly recommended the below is addressed to minimise the risk of medical complications and/or injury: <hr/> <hr/>	
RED (Unfit) High Risk	<input type="checkbox"/>	Candidate is currently not fit to perform the inherent requirements of the proposed occupation and is unlikely to be able to perform these requirements in the foreseeable future, due to: <hr/>	
REVIEW REQUIRED BY INJURY MANAGEMENT TEAM <input type="checkbox"/> YES <input type="checkbox"/> NO			
Doctor		Signature	Date