

Medical Results Summary

Applicant Details						
Applicant Name: 4 4			Date of Birth:		04/04/0004	
Address:				Suburb / State / PC		//4
Contact No.				Proposed Position:		
Component of medical (as applicable)			Satisfactory (S) Conditional (C) unsatisfactory (US)		Comments / Further information	
Medical His	story		1			
Medical Assessment			1			
Drug & Alcoho	l Screen		1			
Functional Ass	essment		2			
Baseline Hearing Test			1			
Spirometry			0			
Other (please state)			2			
IDENTIFIED PRES	SENT ACT	TIVE O	R PAST MEDICAL CON	DITIONS AND/	OR WORKERS	COMPENSATION CLAIMS
dfdfsd						
I am of the opinion that						
fsdfsdf						
I am of the opinion that 4 4 (name) is given the below rating for the						
			proposed	job:		
Rating	Please Tick	Comments				
		The	candidate is currently fit	tly fit for the proposed position		
GREEN(Fit)						
AMBER(Fit Conditional)		The candidate is fit to perform the proposed position: further discussion regarding the candidate's medical management with the CKJV Injury Management team is required. It is stiffidg recommended the below is addressed to minimise the risk of medical complications and/or injury:				
RED(Unfit)		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:				
REVIEW REQUIRED BY INJURY MANAGEMENT TEAM YES NO						

Name of Practitional : sdfsdfsdf Signature: Signature: 22/11/2014