

Medical Results Summary

Applicant Details			
Applicant Name:	mmmm mmmmm	Date of Birth:	02/01/1991
Address:	mmmm	Suburb / State / PC	//
Contact No.	222222	Proposed Position:	

Component of medical (as applicable)	Satisfactory (S) Conditional (C) unsatisfactory (US)	Comments / Further information
Medical History		111 ,111 ,111 ,111 ,111 ,111
Medical Assessment		
Drug & Alcohol Screen		
Functional Assessment		
Baseline Hearing Test		
Spirometry		
Other (please state)		

IDENTIFIED PRESENT ACTIVE OR PAST MEDICAL CONDITIONS AND/OR WORKERS COMPENSATION CLAIMS
I am of the opinion that

I am of the opinion that mmmmm mmmmm (name) is given the below rating for the proposed job:

Rating	Please Tick	Comments
GREEN(Fit)	<input type="checkbox"/>	The candidate is currently fit for the proposed position
AMBER(Fit Conditional)	<input type="checkbox"/>	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 strongly recommended the below is addressed to minimise the risk of medical complications and/or injury:
RED(Unfit)	<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:
REVIEW REQUIRED BY INJURY MANAGEMENT TEAM		YES <input type="checkbox"/> NO <input type="checkbox"/>