HEALTH ASSESSMENT & PHYSICAL EXAMINATION

NAME:

LOCATION:

PROPOSED POSITION:

The health assessment is required to ensure that the presence of any medical condition, injury or disability does not result in an increased risk of illness or injury to yourself or others arising from the requirements of the job for which you have applied.

The assessment will be limited to conditions, which may be relevant to your current capacity to perform the essential requirements of the job and will remain confidential to the business.

Please complete the questionnaire below. Depending upon the job for which you have applied, a limited clinical assessment and performance of tests may also be required.

Do you have, or have you ever suffered from any of the following? (Tick appropriate box).

1.☐ Clinical Assessment A			2.☐ Clinical Assessment A B			3.☐ Clinical Assessment C		
Pain, discomfit or loss of function affecting the:	**Y**	**N**	Pain, discomfort or loss of function affecting the:	**Y**	**N**			
A. Neck	☐	☐	A. Back	☐	☐	Deafness	☐	☐
B. Shoulder	☐	☐	B. Knees	☐	☐	Difficulty hearing	☐	☐
C. Arms or wrists	☐	☐	C. Ankles or feet	☐	☐	Ringing in ears	☐	☐
4.☐ Clinical Assessment D E F			**5.☐ Clinical Assessment G**			**6.☐ Clinical Assessment H**		
	Y	**N**		**Y**	**N**		**Y**	**N**
Impairment of vision	☐	☐	Dermatitis/Eczema	☐	☐	Asthma	☐	☐
Colour deficiency	☐	☐	Psoriasis	☐	☐	Bronchitis	☐	☐
Use of contact lenses	☐	☐	Other skin problems	☐	☐	Shortness of breath	☐	☐
						Wheezing	☐	☐
						Pneumothoraces	☐	☐
						Other chest problems	☐	☐
						Smoking	☐	☐
						Hay fever/allergies	☐	☐
7.☐ Clinical Assessment I J			**8.☐**			**9.☐**		
	Y	**N**		**Y**	**N**		**Y**	**N**
Heart attack	☐	☐	Fear of confined spaces	☐	☐	Thyroid problems	☐	☐
Angina	☐	☐						
Heart murmur	☐	☐						
Palpitations	☐	☐						
Blackouts/fainting	☐	☐						
Vertigo/loss of balance	☐	☐						
Excessive daytime sleepiness	☐	☐						
Chest pain	☐	☐						
High blood pressure	☐	☐						
10.☐			**11.☐ Clinical Assessment K**			**12.☐**		
Liver problems e.g.	**Y**	**N**		**Y**	**N**		**Y**	**N**
Hepatitis	☐	☐	Kidney problems	☐	☐	Psychiatric or nervous problems	☐	☐
Jaundice	☐	☐						
Other liver problems	☐	☐						
13.☐ Clinical Assessment J			**14.☐ Clinical Assessment J**			**15.☐**		
	Y	**N**		**Y**	**N**		**Y**	**N**
Epilepsy/Fits	☐	☐	Co-ordination problems	☐	☐	Fear of heights	☐	☐
16.☐			**17.☐**			**18.☐**		
	Y	**N**		**Y**	**N**		**Y**	**N**
Do you take any medications	☐	☐	Any condition which would prevent you from wearing safety footwear or other personal protective equipment	☐	☐	Misuse of illegal drugs or alcohol	☐	☐
19.☐			**20.☐**			**21.☐**		
	Y	**N**		**Y**	**N**		**Y**	**N**
Hernia	☐	☐	Diabetes	☐	☐	Do you suffer from any allergies	☐	☐

CLINICAL ASSESSMENT

A. **Musculoskeletal Assessment** (See attached guide)

Range of joint movement	Normal ☐	Abnormal ☐
Posture And Gait	Normal ☐	Abnormal ☐
Grip Strength	Normal ☐	Abnormal ☐
Dominant Hand	Right	Left ☐

Comments

B. **Body Mass**

Height (cm) Weight (kg) BMI

Comments

C. Hearing

Audiogram performed	Yes ☐	No ☐
Audiogram	Normal ☐	Abnormal ☐
Auditory canals	Normal ☐	Abnormal ☐
Tympanic membranes	Normal ☐	Abnormal ☐
Noise induced hearing loss	Normal ☐	Abnormal ☐

Comment

D. Visual Acuity	**Distance right**	**Distance left**	**Near right**	**Near left**
With glasses				
Without glasses				

E. Visual fields	**F. Colour vision**
Normal ☐ Abnormal ☐	Normal ☐ Abnormal ☐

Comments on any Visual Abnormalities

G. Skin examination

Comment on the presence or absence of dermatitis/eczema, psoriasis, dry or flaking skin or infective skin lesions (Food handlers and pharmaceutical clean area employees)

H. Lung function

		YES	NO
Actual FEV1	Actual FVC		
FEV1/FVC %		☐	☐
% predicted FEV1/FVC	% predicted FVC	☐	☐
		☐	☐

Age Height

Spirometry Normal ☐ Abnormal ☐

Comments

I. Cardiovascular

Blood pressure Pulse rate / min

ECG (if required) Normal ☐ Abnormal ☐

Comments

J. Neurological

Co-ordination Normal ☐ Abnormal ☐

Tremor Normal ☐ Abnormal ☐

Comments

K. Urinalysis

Urine pH Sugar Protein Blood

Other Assessments / Investigations

State if any other baseline health assessments / investigations have been performed e.g. blood lead, pathology tests, Dangerous Goods Vehicle Driver Assessments.

RECOMMENDATIONS

Having reviewed the essential job requirements outlined on the assessment form, it is recommended that the applicant is:

1. Fit for the proposed position without restrictions or modifications
2. Fit for the proposed position subject to restriction or modification
3. Unfit for the proposed position

Recommended Restrictions / Modifications

Signature ---------- Date ----------

DETAILS OF MEDICAL HISTORY **(To be completed by applicant)**

DECLARATION

I declare that the above particulars are true to the best of my knowledge.

Signature -- Date --

FOR USE BY OCCUPATIONAL HEALTH STAFF OR EXAMINING PHYSICIAN

Comments on Medical History

ASSESSMENT OF HEALTH

Surname:		Given Name:	
Proposed Position:		Referred by:	

This form must be completed by the recruiting manager / officer and validated by a member of the _____Occupational Health Service staff prior to the performance of a pre-placement or job transfer health assessment.

The tasks / requirements which are specified on this form must be limited to the essential ("inherent") requirements of the position.

Non-essential requirements may be noted in the appropriate section but will only be assessed at commencement of work.

ESSENTIAL REQUIREMENTS	Y/N	If yes please specify	Fit Y/N
1. Repetitive arm / hand activities (e.g. production line or maintenance / electrical activities) 2. Repetitive / heavy lifting 3. Repetitive bending stooping 4. Prolonged standing 5. Potential exposure to respiratory sensitisers or strong respiratory irritants 6. Use of respiratory protective equipment 7. Fire and rescue activities 8. Work at heights 9. Working alone (Lone or isolated worker) 10. Forklift driving 11. Routine driving a Company motor vehicle as part of work activities (e.g. sales representatives 12. Potential exposure to skin irritants / sensitisers 13. Entry into confined spaces 14. Working in heat 15. Potential exposure to noise in excess of 85dBA 16. Potential exposure to chemical / physical eye hazards 17. Food handling / Pharmaceutical clean areas 18. Shift work 19. Colour discrimination 20. Potential exposure to solvents 21. Potential exposure to mercury / lead 22. Potential exposure to vinyl chloride monomer 23. Routine overseas travel (excl. between Aust. and NZ) 24. Requirements to routinely enter sites with minimum standards of personal protective equipment (e.g. hard hat, safety shoes, safety glasses) 25. Other physical, chemical, or biological hazards (specify)			
Specific Assessments Frequent prolonged or repetitive key board activity in an office environment (only essential task identified) Expatriate position Dangerous Goods Driver			

COMMENTS

SECONDARY REQUIREMENTS

Signature: ---------- (Recruiting / officer) Date: ----------

OCCUPATIONAL HEALTH STAFF

INSTRUCTIONS

1. No essential tasks identified on form – advise recruiting manager that no assessment required.

2. Repetitive keyboard activity in office environment.

Where repetitive keyboard activity in an office environment is the only essential requirement identified, completion of the "Health Questionnaire for office based employment" only is required. Where a positive response is obtained the relevant physical examination (musculoskeletal, vision) shall be conducted.

3. Other tasks

Based upon the job requirements identified on this form and using the job requirement / health assessment matrix, sections of the questionnaire and examination on the preplacement / job transfer health assessment form not relevant to the position shall be deleted.

4. Expatriate positions / Dangerous Goods vehicle Drivers

Specific preplacement health assessments performed by a medical practitioner are required for these positions.

5. Secondary tasks identified.

Recruiting manager shall be informed that additional assessment will be required prior to commencement of work duties.

RECOMMENDATIONS (To be completed by Occupational Health service staff)

Fit to perform the essential requirements of the proposed position.

Unfit to perform the essential requirements of the proposed position.

Fit to perform the essential requirements of the proposed position subject to modifications or restrictions (see below)

No health assessment required.

Signature: ---------- Date: ----------

PREPLACEMENT HEALTH QUESTIONNAIRE

(Office Based Computer / Keyboard Work only)

Name:	

Proposed Position:	

HEALTH QUESTIONNAIRE	**YES**	**NO**
1. Do you currently or regularly suffer from pain, stiffness or loss of function of:		
• The Neck	☐	☐
• Shoulders or Upper Arms	☐	☐
• Wrists or Hands	☐	☐
• Back	☐	☐
2. Do you have sufficient hearing (with or without hearing aids or other amplification devices) to understand spoken speech at conversational level.	☐	☐
3. Do you have sufficient vision (with or without spectacles or contact lenses) to accurately read written hardcopy or screen based material.	☐	☐
4. Do you suffer from any conditions which you believe may affect your capacity to safely perform requirements of the position.		☐

If you answered yes to any of the above questions, please provide details in the space below:

I declare that the above particulars are true to the best of my knowledge.

Signature

Date

CLINICAL ASSESSMENT

The appropriate section of the clinical assessment shall be completed where a positive response is obtained on the health questionnaire.

1. ***Musculoskeletal Assessment*** (See attached guide)

Range of Joint Movement	Normal	☐	Abnormal	☐
Posture and Gait	Normal	☐	Abnormal	☐
Grip Strength	Normal	☐	Abnormal	☐
Dominant Hand	Right	☐	Left	☐

2. ***Hearing***

Audiogram performed	Yes	☐	No	☐
Audiogram	Normal	☐	Abnormal	☐
Auditory Canals	Normal	☐	Abnormal	☐
Tympanic Membranes	Normal	☐	Abnormal	☐
Hearing Loss	Yes	☐	No	☐

3. ***Visual Fields***	Normal	☐	Abnormal	☐
4. ***Colour Vision***	Normal	☐	Abnormal	☐

5. ***Visual Acuity***

	Distance Right	Distance Left	Near Right	Near Left
With Glasses				
Without Glasses				

Comments on any Abnormalities

Recommendations	**YES**	**NO**
Fit to perform the essential requirements of the proposed position.	☐	☐
Unfit to perform the essential requirements of the proposed position.	☐	☐
Fit to perform the essential requirements of the proposed position subject to modifications or restrictions (see below)	☐	☐

Signature

Date

HEALTH ASSESSMENT TASK MATRIX

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1.	Repetitive arm / hand / finger movement																					
2.	Repetitive Heavy / Lifting																					
3.	Repetitive Bending / Stooping																					
4.	Prolonged Standing																					
5.	Irritant Vapours / Gases / Sensitisers																					
6.	Use of Respiratory Personal PE																					
7.	Fire and Rescue Activities																					
8.	Work at Heights																					
9.	Working Alone																					
10.	Forklift Driver																					
11.	Company Motor Vehicle																					
12.	Skin Irritants / Sensitisers																					
13.	Entry into Confined Spaces																					
14.	Working in Heat																					
15.	Exposure to greater than 85 dBA																					
16.	Chemical / Physical Eye Hazards																					
17.	Food Handling / Pharmaceuticals																					
18.	Shift Work																					
19.	Colour Discrimination																					
20	Solvents																					
21.	Mercury / Lead																					
22.	Vinyl Chloride																					
23.	Routine Overseas Travel																					
24.	Minimum PPE																					