



# MEDICAL HISTORY ASSESSMENT

# Assessment is to be conducted by

Original copy must be posted to UHG
PO BOX 562
Prahran VIC 3181

**UHG Doctors only.** 

Applicants are NOT able to undertake this medical assessment until notified by Police Recruitment.

Please contact the NSW Police Recruitment Branch on 1800 222 122

# Instructions for the applicant

- Carefully read these instructions and pages 2 and 3, "Statement of Inherent Requirements", before proceeding.
- Personally complete Section 1, "Self-Assessment" and fully disclose all requested information and any other matter that is relevant to an assessment of your health and fitness.
- Please book your medical assessment Online at www.uhg.com.au
  - Interstate applicants may be able to attend a UHG doctor in their own state. Appointments outside Australia are not available. Please email <a href="mailto:policemedical@uhg.com.au">policemedical@uhg.com.au</a> for enquiries.
- Take any corrective devices such as spectacles, contact lenses or hearing aids with you to your appointments.
- If you have previously suffered or are suffering from any of the medical conditions identified in Section 1, you should obtain a report from your GP or specialist prior to attending your UHG medical assessment. In such cases please refer to Referral Letter found at www.uhg.com.au
- Take photographic identification in the form of a drivers licence or passport, to each examination with UHG. You must bring a photocopy of your drivers licence to the appointment.
- Do not provide any original documents/reports as attachments to this application. Where documents/reports are required, you may provide copies provided a Justice of the Peace has certified each as being a true copy.
- 8. When answering any details in this booklet, please do not accept the well-intended advice from family, friends and/or serving police in relation to what matters should be declared. If in any doubt please email <a href="mailto:policemedical@uhg.com.au">policemedical@uhg.com.au</a> or call NSW Police Force Recruitment Branch (NSW PFRB) on 1800 222 122.
- All specialist and GP reports must be completed by doctors who are registered in an Australian state or territory.
- Please be advised additional information required in regarding any medical conditions will incur an additional file review fee to be paid in full prior to a final medical determination being made.

Please refer to the FAQ on our website for more details



Look for this icon for helpful information



Look for this icon for important information

Please note first audiology, vision and spirometry assessments are included in your initial medical assessment. The costs associated with any additional testing are the responsibility of the applicant.

# **Instructions for the approved UHG Medical Assessor**

- 1. Read page 2 and 3, "Statement of Inherent Requirements".
- Review and discuss with the applicant the relevant areas of the Section 1 "Self-Assessment" completed by them.
- Please consider Section 1 and your own findings before commenting on any abnormality or offering any opinion on the applicant's suitability to engage in the university program and/or operational policing duties.
- Verify the applicant's identity by photographic identification and/or other form of identification in the form of a drivers licence or passport.
- 5. When commenting on the applicant's medical history in relation to any condition, please provide advice which includes the following details:
  - Diagnosis and Prognosis.
  - Treatment given.
  - Current condition on examination.
  - Recent relevant investigations/any restrictions required.
  - Fitness for full operational policing duties and training.
- Specialist reports should be attached to this application or sent directly to UHG. Please ensure date of birth is recorded and reports are outlined using guidelines from the Referral Letter found at <a href="https://www.uhg.com.au"><u>www.uhg.com.au</u></a>

### Please note

Applications can be rejected at any time during the professional suitability process. The applicant is solely responsible for payment of any consultation, examination, test, report or other service provided in line with this application.

The NSW Police Force reserves the right to request further medical clarification including, where necessary, independent specialist assessment at the expense of the applicant.

Generally, services of this nature are not rebatable under Medicare.

The NSW Police Force reserve the right to alter any professional suitability or employment requirement outlined herein without prior notice.



# Advice on the inherent requirements for the Associate Degree in Policing Practice (ADPP) and Operational Policing Duties

### Administrative and general requirements

- Undertake operational patrols, respond to situations to enforce laws and/or maintain public order, exercise police powers, and investigate incidents and offences.
- Exercise authority and give directions, coercive force when necessary, tolerance and reasonable firmness and discretion.
- Perform administrative duties in support of operational responsibilities; collect evidence, identify suspects, write statements, prepare forms, correspondence, legal briefs of evidence, prepare and present evidence in a judicial or quasi-judicial setting and where required apply professional judgement.
- Apply discerning judgement in the application of police powers and use of appointments (e.g. Handcuffs, batons, capsicum spray and firearm).
- Manage a wide range of persons who are placed in care, detained in custody or require assistance pending the arrival of qualified personnel. Utilise appropriate communication, practical and physical skills in order to protect persons from harm or further casualty and to deal with uncooperative/aggressive people.
- Provide the public with service and support. Utilise
  problem solving techniques and adapt communication
  strategies to meet client needs, stay abreast of current
  affairs, and foster a positive organisational image in the
  community. E.g. assist victims and manage incidents
  involving significant conflict or emotional distress such as
  domestic violence, child abuse and SIDS.
- Stabilise and preserve the scene of accidents, emergencies, disasters or crime scenes. E.g. undertake a range of traffic duties including safely stopping motor vehicles, point duty and the management of traffic flow at scenes of emergencies.

### Driving

 Lawfully drive police vehicles safely in varying road, terrain and operational conditions, including the systematic, safe and efficient control of all vehicle functions; effective management of hazardous situations; urgent driving and periphery observation skills whilst driving a motor vehicle.

# **Communicate proficiently**

- In noisy environments.
- In pressure situations, e.g. using police radio whilst siren is in operation.
- Being understood with clarity when giving softly spoken instructions.
- By communicating clearly in face-to-face conversation, and over the radio or telephone.
- By adapting communication style to suit different situations.
- By reading and comprehending written communication.
- By taking notes and preparing comprehensive written reports.
- By using a computer to access or update information.

### **Physical**

Physically be able to safely and responsibly use force as operationally required, and in accordance with legislation, quidelines and training:

- Physically restrain individuals and utilise self-defence techniques where necessary.
- Walk long distances while performing beat duty or stand for lengthy periods on traffic duty.
- Handcuff someone resisting arrest.
- Engage in self-defence.
- Withstand physical assault from another person.
- Physically restrain a person.
- Wrestle with a person.
- Safely handle a baton.
- Fire a handgun whilst on duty.
- Perform crowd control at community events/ demonstrations.
- Climb stairs to ascend more than one storey of a building.
- Ability to run long distances and negotiate obstacles in order to pursue and affect the arrest of offenders.

### Observation and memory skill

Retention, Analysis, and Exchange:

- Provide and detail evidence in court relating to distances, colour, and descriptions when giving evidence in defended matters.
- An ability to maintain an awareness of what is occurring around you as you concentrate on other issues.
- An ability to take in information, analyse it, and then make and apply decisions from that analysis.
- Memory for events, people and places etc.
- Memory for legislation and administrative procedures.

### Use of Human Senses:

- Observation skills whilst on patrol Observe things at a distance and at close range.
- Accurately discern, record and provide evidence of factors, such as colour, distances etc, associated with the identification of suspects, offenders, vehicles etc.
- Gather and exchange information from and with the community; and use analytical and keyboard skills, recording equipment and information systems to record, organise and analyse information.
- Hear and comprehend information without eye-view of the speaker.
- Vision; long range visual acuity, short range visual acuity, use of colour vision.

### **Resilience and Adaptability**

- Remain operationally effective through changes to shifts, environmental change, and operational requirements.
- Pass the appropriate physical capacity to wear a police 'appointments' belt for varying lengths of time and environmental/operational situations.
- Perform shifts of varying and extended duration, day and night, any day of the year.
- Cope with the climatic variables associated with outdoor duties, such as hot or cold environments.
- Adapt to regular shift change-over and protracted investigations not conducive to regular breaks.
- An ability to adapt to unexpected or changing situations
- An ability to operate effectively in stressful and physically demanding situations.
- Take precautions against infectious diseases and hazardous items.
- Ability to bleed safely.
- · Cope with irregular meal, and toilet breaks during a shift.
- Possessing heightened sensory capacity (all five). E.g. being able to detect the smell of fumes at a motor vehicle accident or drug residue with a Clandestine Laboratory.

### **Personal**

- Make decisions under pressure.
- Conflict resolution skills.
- Problem solving skills.
- Cooperativeness.
- Empathy.
- Conscientiousness.
- Patience.
- Resilience to stress.
- Ability to work with colleagues, and service community members of culturally and linguistically diverse background.
- Manage workload.
- High integrity standards.
- Tolerance.
- Assertiveness.
- Respect authority.
- Emotional stability.
- Composure in stressful situations.

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# **Applicant Declaration and Consent**

### APPLICANT DECLARATION

Please ensure that you read and understand each of the following statements.

Please tick each box as confirmation **that** you have read, understood and accepted each of the statements below.

Should you require clarification of any aspect please contact NSW Police Force Recruitment on **1800 222 122**.

1.4	OW I Office I office receitabliffent off 1000 222 122.
	I declare the information I supply as part of this application, and any documentation supporting it, is complete and correct in every detail.
	I am aware any false or misleading information supplied by me will result in my application being assessed as 'professionally unsuitable for Police employment'.
	I understand I am obliged to notify the NSW Police Force of any circumstance which would alter the responses or information provided in this application.
	I understand any failure on my part to notify the NSW Police Force of any such change in circumstances will result in me being deemed 'professionally unsuitable' and denied any opportunity for employment.
	I understand that should I be selected for the Associate Degree in Policing Practice, whilst studying, if I develop a medical or psychiatric condition while at the Academy, I must disclose this to the Principal, NSW Police Academy as soon as possible.
	I understand that my application is assessed on the information I have supplied including accompanying reports regarding my current medical conditions and its management, including such things as spectacles, hearing aids, medication, etc. Should my medical circumstances alter any time after submitting this application, I am required in the first instance to contact the NSW Police Force Recruitment Branch.
	I understand that my signature, if given below, represents complete agreement with each of the statements set out above.

Name:			
Signed:			
Date:			

### **APPLICANT CONSENT**

Please ensure that you read and understand each of the following statements.

Please tick each box as confirmation **that** you have read, understood and accepted each of the statements below.

Should you require clarification of any aspect please contact NSW Police Force Recruitment on **1800 222 122**.

☐ I consent to the New South Wales Police Force, or other
party acting at their behest, gaining access to, obtaining o
sharing, any information required to process this
application and to make an assessment of my professiona
suitability.

I consent to the NSW Police Force providing Charles Sturt
University or other interested parties with the outcome of
my initial 'Professional Suitability Assessment' or any
subsequent re-assessment and any information relating to
the reason for such assessment outcome.

I understand that my signature, if given below, represents
complete agreement with each of the statements set out
above.

Name:		
Signed:		
Date:		

# **Applicant**

# **ACADEMIC IDENTIFICATION**

# PERSONAL DETAILS

Surname:	
Other names:	
Date of birth:	Age:
Gender:	☐ Male ☐ Female
Previous surname (if applicable):	
Other alias/previous name:	

Contact Details (applicant contact)	
Home phone:	
Mobile phone:	
Work phone:	
Fax number:	
Email address:	

Current Address
Street name:
Suburb/Town:
State:
Previous Address
Street name:
Suburb/Town:
State:

Were you born overseas?	☐ Yes	☐ No
// · · · · · · · · · · · · · · · · · ·		
(this includes Australian citizens If yes, please specify the cou	•	nts)

# **Applicant**

# EMPLOYMENT HISTORY DETAILS

Please provide a complete history of all employment or other activity in which you have been employed.

If you have not been employed, please provide details of any voluntary work you have been involved in.

From:	То:	
	From:	From: To:

ii. Employer Name			
Address:			
Date of service:	From:	To:	
Duties			

iii. Employer Name			
Address:			
Date of service:	From:	То:	
Duties			

v. Employer Name			
Address:			
Date of service:	From:	То:	
Duties			

Please disclose ALL previous illnesses, injuries, medical conditions and investigations you have undergone, no matter how minor.

Complete Section One PRIOR to seeing UHG.

Have you previously applied to the NSW Police Force or any other Police Service in Australia?	Yes	□No
If you answered yes, please provide of	details belo	w:
Application date:		
Service applied to:		
Was your application successful?	☐ Yes	□No
If Unsuccessful, Please provide the re	eason?	
Is your application still in process?	☐ Yes	□ No
Other relevant details		
Have you previously served in the armed forces or any other emergency services e.g. ambulance, fire, other police services?	☐ Yes	□No
If you answered yes, please indicate w served:	vhich servic	e and dates
Reason for discontinuation:		

## A. SPORTING/RECREATIONAL HISTORY

Please list all regular sporting/recreational activities over the last 5 years including current activities. i. Sport/recreation/exercise Frequency: Duration: (Mins/Hours/KMs) Dates Undertaken: ii. Sport/recreation/exercise Frequency: Duration: (Mins/Hours/KMs) Dates Undertaken: iii. Sport/recreation/exercise Frequency: Duration: (Mins/Hours/KMs) Dates Undertaken: Have you ever ceased any sports or Yes ☐ No recreation due to injury or illness? If yes, please provide details: OFFICE USE ONLY (Doctor's Comments)

### **B. MEDICAL SELF ASSESSMENT**

### Instructions

Please read each question carefully and answer yes or no. If you are unsure, please answer yes. You will have an opportunity to discuss this further with the doctor at the time of the assessment.

If your condition is insignificant this will be noted by the doctor at the time of your assessment.

Please note that you must declare medical conditions that occurred in the past even if you have fully recovered from the condition.

Do you currently have, or have you ever had:

# Respiratory problems

Asthma (incl. childhood asthma)	☐ Yes	□No
Exercise induced asthma	☐ Yes	□No
Other lung disease (e.g. Tuberculosis, Bronchitis, Emphysema, Breathing difficulties, other)	☐Yes	□No
Sleep apnoea	☐ Yes	☐ No
Sleep apnoea  Recurrent hay fever or eczema	☐ Yes	□ No

OFFICE USE ONLY (Doctor's Comments)
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Orthopaedic injuries or problems			Psychiatric or psychological pr	oblems	
Do you currently have, or have you	ever had:		Do you currently have, or have you ev	er had:	
Any pain or injury to your back or neck?	☐ Yes	☐ No	Anxiety	☐ Yes	☐ No
Any pain or injury including sprain or			Depression	☐ Yes	☐ No
fracture to your lower limbs including knees, ankles, hips or feet?	☐ Yes	□ No	Post traumatic stress disorder	☐ Yes	□ No
Any pain or injury including sprain o fracture to your upper limbs including shoulders, elbows, wrists	r Yes	□ No	Self harm	☐ Yes	☐ No
or hands?  Any operations to lower limbs,			Attempted suicide	☐ Yes	☐ No
upper limbs or back?	∐ Yes	∐ No	Stress	☐ Yes	☐ No
Any other injuries to muscle, ligament, joint or tendon?	☐ Yes	☐ No	Excessive use of alcohol or illicit	☐ Yes	□ No
Do you wear or have you ever been advised to wear orthotics or special footwear?	☐ Yes	□ No	Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)	☐ Yes	☐ No
OFFICE USE ONLY (Doctor's Com	nments)		Obsessive compulsive disorder	☐ Yes	☐ No
			Any visits to a psychologist, counsellor or psychiatrist for any reason	☐ Yes	□No
			Any admissions to hospital for psychiatric or psychological problems	☐ Yes	□No
			Any other psychological, psychiatric or emotional episodes or disorders	☐ Yes	□ No
Neurological			Any use of antidepressant, antianxiety or other psychiatric	☐ Yes	□No
Do you currently have, or have you e			medication		
Epilepsy or Seizures	∐ Yes	□ No			
Serious head injury	☐ Yes	□No	OFFICE USE ONLY (Doctor's Comr	nents)	
Head or neck surgery	☐ Yes	□ No			
Stroke	☐ Yes	☐ No			
Dizziness/vertigo/problems with balance	☐ Yes	□No		-	
Double vision	☐ Yes	□ No			
Migraine or other frequent headaches	☐ Yes	□No			
Blackouts, fainting/loss of consciousness	Yes	□ No			
OFFICE USE ONLY (Doctor's Con	nments)		☐ I confirm that each individual issues been fully explored with the apple.		ection has

☐ No

# Section One: Self Assessment

			Endocrine	
Cardiovascular			Do you currently have, or have you	ever had:
Do you currently have, or have you	ever had:		Pre-Diabetes	☐ Yes
Palpitations or irregular heart beat	Yes	□ No	Type 1 Diabetes	☐ Yes
Heart murmur	Yes	□ No		
Chest pain on exertion or angina	☐ Yes	□No	Type 2 Diabetes	∐ Yes
Abnormal shortness of breath	☐ Yes	□No	Thyroid condition	∐ Yes
Heart attack	☐ Yes	□ No	Any other endocrine disorder	∐ Yes
Any other heart disease	☐ Yes	□No	OFFICE USE ONLY (Doctor's	
Cardiac surgery or procedure (e.g. angiogram)	☐ Yes	□ No	_Comments)	
High blood pressure	☐ Yes	□ No		
High cholesterol	☐ Yes	□ No		
A family history of heart disease	☐ Yes	□ No		<u>.</u>
Currently Smoke Cigarettes	☐ Yes	□ No		<u>.</u>
If yes, on average how many do you	smoke per	day:		·
If you have previously smoked cigare when you started and when you stop Start: Stop:			Vision - Please answer all quest Do you currently have, or have you	
On average how many did you smok	e per day:_		Do you wear glasses or contact lenses?	☐ Yes
OFFICE USE ONLY (Doctor's Com	ments)		If Yes, for what purpose?	
			Have you had corneal surgery (photorefractive/lasik)?	
				☐ Yes
			Have you had surgery with an implanted lens?	☐ Yes
	<u> </u>			
			implanted lens?  Have you had problems with colour	☐ Yes
			implanted lens?  Have you had problems with colour vision?  Have you had trouble with your vision in any way throughout your	☐ Yes
			implanted lens?  Have you had problems with colour vision?  Have you had trouble with your vision in any way throughout your life e.g. childhood squint?	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes
			implanted lens?  Have you had problems with colour vision?  Have you had trouble with your vision in any way throughout your life e.g. childhood squint?  Do you have Keratoconus?	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes

### Other conditions Do you currently have, or have you ever had: Any significant infectious diseases Yes □ No (Incl. HIV, Hepatitis) Kidney or Bladder Disease Yes ☐ No Sleep disorders (e.g. Narcolepsy) ☐ Yes ☐ No Hearing disorders (e.g. deafness or ☐ Yes ☐ No ringing in ears) Learning disorders (e.g. Dyslexia) ☐ Yes ☐ No ☐ No Speech disorders (e.g. stuttering) ☐ Yes Gastrointestinal problems (e.g. ☐ Yes ☐ No ulcer, bowel disorder, liver disorder, hernia) Gynaecological/Urogenital ☐ Yes ☐ No conditions Any history of cancer, incl. skin ☐ Yes ☐ No cancer Any skin conditions ☐ Yes ☐ No Any allergies ☐ Yes □No If Yes, do you require any ☐ No Yes medication for allergies, including Epipen Do you take any prescription □ No Yes medications (including contraceptive pills) If Yes, please provide details Do you take any inhalers/puffers prescribed or over the counter ☐ Yes ☐ No Are there any other medical ☐ Yes □ No conditions, injuries, operations including day surgery, or hospitalisations for any reason that has not been declared above? If Yes, please provide details

Note: If you answered yes to any of the questions in part B you may need to provide an additional medical report. Please refer to Appendix One.

# SELF ASSESSMENT CHECKLIST

Did you enclose a legible copy of the letter received from NSW Police Recruitment authorising you to complete your medical?
Did you enclose a legible copy of your photographic IDs (drivers licence or passport?)
Did you complete APPLICANT DECLARATION AND CONSENT? Page 4
Proof of vaccinations to hepatitis B and Tetanus AND proof of immunity to hepatitis B if the hepatitis B vaccination course has been completed. This information can be provided after your medical assessment
If correction (glasses or contact lenses) are required to pass the police vision standards, have you organised an appointment with an optometrist? The referral letter is located on our website www.uhg.com.au

OFFICE USE ONLY (Doctor's Comments)	
Comments)	

. HEPATITIS B STATUS		
C1.Have you received your first Hepatitis B vaccination?	☐ Yes	s 🗆 No
If Yes, on what date?		
C2.Have you received your second		
and third vaccinations?	∐ Yes	i ∐ No
If Yes, on what dates?		
C3.Have you had a blood test to confirm immunity to Hepatitis B?	☐ Yes	s 🔲 No
If Yes, what was the result?		
hepatitis B vaccinations and confi	rmation o	f immun
TETANUS VACCINATION S	TATUS	
Have you been fully immunised ainst tetanus?  es, please provide documented evo, please provide confirmation you be included.		
es, please provide documented ev	vidence.	
es, please provide documented evo, please provide confirmation yo	vidence. u have ha	
es, please provide documented evo, please provide confirmation yoccination	vidence. u have ha	ad a tetar
es, please provide documented evo, please provide confirmation yoccination  OFFICE USE ONLY (doctor/nurse to Does the applicant have written proof of Hep B immunity?	vidence. u have ha	ad a tetar
es, please provide documented evo, please provide confirmation yoccination  OFFICE USE ONLY (doctor/nurse to Does the applicant have written proof of Hep B immunity?  If yes, ensure that this is attached.  If not immune, does the applicant have written proof of vaccinations received?	vidence. u have ha	) No No
es, please provide documented evo, please provide confirmation yoccination  OFFICE USE ONLY (doctor/nurse to Does the applicant have written proof of Hep B immunity?  If yes, ensure that this is attached.  If not immune, does the applicant have written proof of vaccinations received?  If yes, ensure that this is attached.  If no vaccinations to date and vaccinat please provide batch number and significant processes.	vidence. u have ha	) No No
es, please provide documented ex o, please provide confirmation your conation  OFFICE USE ONLY (doctor/nurse to Does the applicant have written proof of Hep B immunity?  If yes, ensure that this is attached.  If not immune, does the applicant have written proof of vaccinations received?  If yes, ensure that this is attached.  If no vaccinations to date and vaccinat please provide batch number and sign space below.	vidence. u have ha	) No No
es, please provide documented ex o, please provide confirmation your conation  OFFICE USE ONLY (doctor/nurse to Does the applicant have written proof of Hep B immunity?  If yes, ensure that this is attached.  If not immune, does the applicant have written proof of vaccinations received?  If yes, ensure that this is attached.  If no vaccinations to date and vaccinat please provide batch number and sign space below.	vidence. u have ha	) No No

# Hepatitis B & Tetanus vaccination medical information

It is understood that should you be selected for the Associate Degree in Policing Practice course, which may lead to employment as a NSW Police Officer, you will be subjected to an increased risk of exposure to certain infectious diseases including but not limited to Hepatitis B and Tetanus that can result in serious health consequences.

Therefore, as part of the police employment application process, you are required to have completed the full Hepatitis B course and provide immunity, and to provide confirmation of a completed course of tetanus vaccinations prior to attesting as a Probationary Constable.

Otherwise you will be required to sign a disclaimer acknowledging that your refusal to comply with these requirements is with the full understanding and knowledge of the nature and degree of the risks involved and against the strong recommendation and encouragement of NSW Police Force.

# E. APPLICANT IMMUNISATION DECLARATION

I acknowledge that I have understood and agree to these requirements.
Applicant Name: Please sign in front of assessor.
Signed:
Date:
Witnessed by assessor:
Signed:
Date:

# F. DISCLAIMER FOR NON VACCINATION FOR HEPATITIS B

The following should only be completed if you have answered "no" to Question C1 and choose NOT to be vaccinated for Hepatitis B.

I have discussed the risk of Hepatitis B with my Medical Assessor

I understand the potential risk of contracting Hepatitis B in the workplace and the consequences

I choose NOT to be vaccinated for Hepatitis B and accept the responsibility of my choice

I understand I can, at any time, request vaccination for Hepatitis  ${\bf B}.$ 

My reasons for refusal of vaccination are:						

Applicant Name: Please sign in front of assessor.	
Signed:	
Date:	
Witnessed by assessor:	
Signed:	
Date:	

OFFICE USE ONLY (doctor/nurse to complete)							
Has the applicant signed the Hepatitis B declaration?	☐ Yes	□ No					
If "no", has the applicant signed the disclaimer for non-vaccination for Hepatitis B?	☐ Yes	□No					

### **6.** Disclaimer for Non-vaccination for TETANUS

The following should only be completed if you have answered "no" to Question E1 and choose NOT to be vaccinated for TETANUS:

- I have discussed the risks of TETANUS with my Medical Assessor.
- I understand the potential risk of contracting TETANUS In the workplace and the consequences
- I choose NOT to be vaccinated for TETANUS and accept the responsibility of my choice
- I understand can, at any time, request vaccination for  $\ensuremath{\mathsf{TETANUS}}$

My reasons for refusal of vaccination are:					

Applicant Name: Please sign in front of assessor.		
Signed:		
Date:		
Witnessed by assessor:		
Signed:		
Date:		
OFFICE USE ONLY (doctor/nurse to	complete)	
Has the applicant signed the declaration of consent for TETANUS vaccinations?	☐ Yes	□No

☐ Yes

☐ No

If '**No**', has the applicant signed the disclaimer for non vaccination for

tetanus.

# Section Two: Medical Examination

## **MEDICAL ASSESSOR DETAILS**

Section Two MUST be completed by the approved medical assessor. Name: Qualifications: Contact number: Fax number: Address: Date: I have, this date, verified the identity of: Applicant name: Driver's licence no: State: and/or passport no: Country: ☐ I have sighted the letter received by the applicant from the NSW Police Recruitment branch authorising them to complete their UHG Police Medical OFFICE USE ONLY (Doctor's Comments)

### **GENERAL EXAMINATION**

Weight:		Height:		
BMI:		Waist:		
Urinalysis: Protein: Blood:		Glucose		
Blood Pressure				
1st Reading:				
2nd Reading: (if initial reading	g >140/90)			
Pulse Rate is (I	opm):	Regular	☐ Irregular	
Heart sounds		☐ Normal	☐ Abnormal	
Chest auscultati	on	☐ Normal	☐ Abnormal	
Abdomen (includ	ding hernia)	☐ Normal	☐ Abnormal	
Skin		☐ Normal	☐ Abnormal	
Any scars preser	nt?	☐ Yes	□ No	
Spirometry				
	Actual	Predicted	% Predicted	
FEV1				
FVC				
FEV1/FVC Ratio				
Interpretation:				
Trace attached?		Yes	□ No	
OFFICE LISE (	NII V (Doctor)	c Commonto)		
OFFICE USE (	DIVET (DUCIOIS	s comments)		

# Section Two: Medical

Neurological			Musculoskeletal (Should	ders)	
Cranial nerve	☐ Normal	Abnormal	Muscle tone	Normal	Abnormal
Upper limb	☐ Normal	☐ Abnormal	Range of movement	☐ Normal	☐ Abnormal
Lower limb	☐ Normal	☐ Abnormal	Full power	Yes	□No
Cerebellar system	☐ Normal	☐ Abnormal	Impingement test	□Normal	Abnormal
			Musculoskeletal (Back and	d Hips)	
OFFICE USE ONLY (Doctor'	s Comments)		Symmetry of spine	☐ Normal	Abnormal
	<u> </u>		Forward flexion	☐ Normal	Abnormal
			Backward extension	☐ Normal	Abnormal
Psychological			Tone, power, reflexes, sensation in lower limbs	☐ Normal	☐ Abnormal
Mental State	☐ Normal	☐ Abnormal	Hip abduction	☐ Normal	☐ Abnormal
Mood	□ Normal	☐ Abnormal	Musculoskeletal (Knees	)	
Affect	□ Normal	☐ Abnormal	Duck walk (squat walk)	☐ Normal	Abnormal
			Appearance	☐ Normal	☐ Abnormal
OFFICE USE ONLY (Doctor'	s Comments)		Range of movement	□ Normal	Abnormal
			Quad Strength	☐ Normal	☐ Abnormal
			Ligament Stability	☐ Yes	□ No
			Scars	☐ No	☐ Yes
			Crepitus	☐ No	☐ Yes
			Musculoskeletal (Ankles)		
			Appearance	☐ Normal	☐ Abnormal
Museula dialatal (Canava		-)	Range of movement including rotation	☐ Normal	☐ Abnormal
Musculoskeletal (General			Overall examination	☐ Normal	☐ Abnormal
Stance	☐ Normal	Abnormal	Walk on toes/heels	☐ Normal	☐ Abnormal
Gait	☐ Normal	Abnormal	Musculoskeletal (Wrists)		
Musculoskeletal (Neck)	☐ Normal	Abnormal	Appearance	☐ Normal	☐ Abnormal
Range of movement (flexion, extension, lateral flexion, rotation)	□ <sub>Normal</sub>	☐ Abnormal	Range of movement (flexion, extension, rotation)	☐ Normal	☐ Abnormal
Tone, power, reflexes, sensation in upper limbs	Normal	Abnormal	Overall Examination	Normal	Abnormal

# Section Two: Medical

Musculoskeletal (Fingers)			Vision			
Hand grip power	□ Normal	Abnormal	Near vision (uncorrected)			
Dominant hand	Left	Right	Right: N	Left: N		
Any pain noted?	☐ Normal	Abnormal	Both Eyes: N	•		
			Distance vision (uncorrected)			
OFFICE USE ONLY (Doctor's	s Comments)		Right: R6/	Left: L6/		
			Both Eyes: 6/			
			Corrected vision:	Glasses	☐ Contacts	
			Near vision (corrected)			
	· · · · · · · · · · · · · · · · · · ·		Right: N	Left: N		
			Both Eyes: N			
	· · · · · · · · · · · · · · · · · · ·		Distance vision (corrected)			
	· · · · · · · · · · · · · · · · · · ·		Right: R6/	Left: L6/		
	·		Both Eyes: 6/			
			If visual correction is requi	red to meet polic	ce standards,	
			a secondary optometrist assessment will need to be arranged by the applicant. This is in addition to the assessment above performed by the medical assessor. The form can be downloaded from the UHG Website www.uhg.com.au			
			Colour vision (plate Ishihara)	□ 24	□ 38	
			Any errors?	☐ Yes	☐ No	
			If yes, please record number of errors.			
	· · · · · · · · · · · · · · · · · · ·		Visual fields	□ Normal	☐ Abnormal	
	·		Binocular coordination	☐ Normal	Abnormal	
			OFFICE USE ONLY (Doct	or's Comments)		

# Section Two: Medical Examination

Hearing		
Ear canals and tympanic membranes	Normal	☐ Abnormal
Is there any history of hearing or other ear problems or surgery?	□ No	☐ Yes
Is there any past history of significant noise exposure (occupational or recreational)?	□ No	Yes
Is there any history of tinnitus?	□ No	☐ Yes

If an appointment with an audiologist or audiometrist is required, this will need to be arranged by the applicant. The form can be downloaded from the UHG Website <a href="https://www.uhg.com.au">www.uhg.com.au</a>

☐ No

OFFICE USE ONLY (Doctor's Comments)	
	·

### **Audiogram**

Does the applicant wear a hearing aid? If yes, an

appointment with an audiologist is required.

Please attach a copy of the audiogram

	500Hz	1000Hz	1500Hz	2000Hz	3000Hz	4000Hz	6000Hz	8000Hz
Right								
Left								
Unaided Criteria	s20dB	s20dB	s20dB	s20dB	s20dB	s30dB		

If outside these standards, further assessment may be required and will be requested by UHG

☐ Yes

# Section Two: Medical Examination

# MEDICAL ASSESSOR DECLARATION

Before completing this declaration please read page 2–10 of this document and read/discuss the self assessment completed by the applicant in section 1.			Does the applicant have any medical disorders which would significantly increase their risk of work related disease or injury?	□ No	☐ Yes
I confirm that I have reviewed the applicant's responses to the psychological section of the self assessment on page 8 and discussed same with the applicant	□ <sup>Yes</sup>	□No	If yes, provide further details.  Comments:		
I confirm that I have reviewed and witnessed the applicant's signature for the Hepatitis B declaration	☐ Yes	□No			
I confirm that I have verified the applicant's ID	☐ Yes	☐ No	Does the applicant require any		
I confirm that a copy of the "UHG Medical Authorisation Letter" is attached	☐ Yes	□No	restriction on his/her policing duties?  If yes, please provide further details.	□No	☐ Yes
Is the applicant medically capable of performing all the inherent requirements as described on pages 2 and 3 of this document?	☐ Yes	□No	Comments:		
Comments:					
			Is further information required to make this assessment?	□ No	☐ Yes
In your opinion, is the applicant a fit person to have access to a firearm? If no, provide further details.	☐ Yes	No			
Comments:					
			Any further comments?		
Please note all GP or specialist repoi investigations must be provided as re applications can not be processed.		otherwise			
			Name:		
			Signed:		

Date:

# Appendix One: Advice Regarding Medical

### **MEDICAL CONDITIONS**

UHG will require a report on a number of medical conditions. There are certain conditions that always require a current report from a specialist.

- Significant orthopaedic conditions such as shoulder dislocation, knee surgery or chronic back pain.
- Overuse injuries such as stress fracture.
- Any psychiatric condition, even if it was in the past. Please
  note that you will generally be required to be
  psychologically stable for at least two years before being
  considered as suitable for police training or duties. This
  includes being off medications for two years. If you are still
  taking medications we do not suggest obtaining a
  Psychiatric Report as it is likely to defer the consideration
  for entry into the Police.
- Any history of asthma, including childhood asthma will require a report. Your assessing doctor is able to assess childhood asthma but a bronchial provocation test will still be required. For current asthma, a specialist report plus a bronchial provocation test will be required.
- Diabetes.
- Epilepsy.
- If you need to carry an Epipen for any reason.

Any other significant injuries or illnesses that could impact on your ability to complete the duties of a Police Officer are likely to require a report from a Specialist.

Please read your medical form carefully- this gives advice about conditions that may require a Specialist Report. If you are unsure, we recommend that you get a report from your GP about all conditions, past and present, and medication use.

The UHG Call Centre staff who made your booking are unable to advise you about which report you will need. This requires specialist medical knowledge.

If you require additional reports please download the referral letter from <a href="https://www.uhg.com.au">www.uhg.com.au</a> and take it to your GP.