



NSW Police Force



MEDICAL HISTORY ASSESSMENT

Assessment is to be conducted by 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 policemedical@uhg.com.au 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.
- 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 policemedical@uhg.com.au 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

- 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.
- 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 www.uhg.com.au

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.

INSTRUCTIONS

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, capicum 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, guidelines 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**.

- 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 or sharing, any information required to process this application and to make an assessment of my professional 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:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Previous surname (if applicable):	
Other alias/previous name:	

<i>Contact Details (applicant contact)</i>	
Home phone:	
Mobile phone:	
Work phone:	
Fax number:	
Email address:	

<i>Current Address</i>	
Street name:	
Suburb/Town:	
State:	
<i>Previous Address</i>	
Street name:	
Suburb/Town:	
State:	

<i>Country of Birth</i>	
Were you born overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(this includes Australian citizens and permanent residents) If yes, please specify the country of birth:	

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.

i. Employer Name

Address:

Date of service: From: To:

Duties

ii. Employer Name

Address:

Date of service: From: To:

Duties

iii. Employer Name

Address:

Date of service: From: To:

Duties

iv. Employer Name

Address:

Date of service: From: To:

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 details below:

Application date:

Service applied to:

Was your application successful? Yes No

If Unsuccessful, Please provide the reason?

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 which service and dates served:

Reason for discontinuation:

Section One: Self Assessment

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 recreation due to injury or illness? Yes No

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

Recurrent hay fever or eczema Yes No

Recurrent wheezing or shortness of breath Yes No

Recurrent cough at night Yes No

OFFICE USE ONLY (Doctor's Comments)

Section One: Self Assessment

Orthopaedic injuries or problems

Do you currently have, or have you ever had:

Any pain or injury to your back or neck?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any pain or injury including sprain or fracture to your lower limbs including knees, ankles, hips or feet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any pain or injury including sprain or fracture to your upper limbs including shoulders, elbows, wrists or hands?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any operations to lower limbs, upper limbs or back?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other injuries to muscle, ligament, joint or tendon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wear or have you ever been advised to wear orthotics or special footwear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OFFICE USE ONLY (Doctor's Comments)

Neurological

Do you currently have, or have you ever had:

Epilepsy or Seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Serious head injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Head or neck surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dizziness/vertigo/problems with balance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Double vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Migraine or other frequent headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blackouts, fainting/loss of consciousness	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OFFICE USE ONLY (Doctor's Comments)

Psychiatric or psychological problems

Do you currently have, or have you ever had:

Anxiety	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Post traumatic stress disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self harm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attempted suicide	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stress	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Excessive use of alcohol or illicit drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Obsessive compulsive disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any visits to a psychologist, counsellor or psychiatrist for any reason	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any admissions to hospital for psychiatric or psychological problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other psychological, psychiatric or emotional episodes or disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any use of antidepressant, anti-anxiety or other psychiatric medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OFFICE USE ONLY (Doctor's Comments)

I confirm that each individual issue in this section has been fully explored with the applicant.

Assessing Doctor's Signature:

Section One: Self Assessment

Cardiovascular

Do you currently have, or have you ever had:

Palpitations or irregular heart beat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart murmur	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chest pain on exertion or angina	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abnormal shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other heart disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cardiac surgery or procedure (e.g. angiogram)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A family history of heart disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Currently Smoke Cigarettes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, on average how many do you smoke per day: _____

If you have previously smoked cigarettes, Please confirm when you started and when you stopped:

Start:

Stop:

On average how many did you smoke per day: _____

OFFICE USE ONLY (Doctor's Comments)

Endocrine

Do you currently have, or have you ever had:

Pre-Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type 1 Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type 2 Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Thyroid condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other endocrine disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OFFICE USE ONLY (Doctor's Comments)

Vision - Please answer all questions below

Do you currently have, or have you ever had:

Do you wear glasses or contact lenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, for what purpose?		
Have you had corneal surgery (photorefractive/lasik)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had surgery with an implanted lens?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had problems with colour vision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had trouble with your vision in any way throughout your life e.g. childhood squint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have Keratoconus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OFFICE USE ONLY (Doctor's Comments)



Section One: Self Assessment

C. HEPATITIS B STATUS

C1. Have you received your first Hepatitis B vaccination? Yes No

If Yes, on what date? _____

C2. Have you received your second and third vaccinations? Yes No

If Yes, on what dates? _____

C3. Have you had a blood test to confirm immunity to Hepatitis B? Yes No

If Yes, what was the result? _____

Please provide documented evidence of your previous hepatitis B vaccinations and confirmation of immunity.

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.

D. TETANUS VACCINATION STATUS

E1. Have you been fully immunised against tetanus? Yes No

If yes, please provide documented evidence. If no, please provide confirmation you have had a tetanus vaccination

OFFICE USE ONLY (doctor/nurse to complete)	
Does the applicant have written proof of Hep B immunity? <i>If yes, ensure that this is attached.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not immune, does the applicant have written proof of vaccinations received? <i>If yes, ensure that this is attached.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no vaccinations to date and vaccination provided today please provide batch number and sign and date in the space below.	
Batch no: _____ _____	
Signed: _____	
Date: _____	

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:

Section One: Self Assessment

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 B.

My reasons for refusal of vaccination are:

Form with 18 horizontal lines for providing reasons for refusal of vaccination.

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

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 >140/90)

Pulse Rate is (bpm): Regular Irregular

Heart sounds Normal Abnormal

Chest auscultation Normal Abnormal

Abdomen (including hernia) Normal Abnormal

Skin Normal Abnormal

Any scars present? Yes No

Spirometry

	Actual	Predicted	% Predicted
FEV1			
FVC			
FEV1/FVC Ratio			

Interpretation: _____

Trace attached? Yes No

OFFICE USE ONLY (Doctor's Comments)

Section Two: Medical

Neurological

Cranial nerve	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Upper limb	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Lower limb	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Cerebellar system	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

OFFICE USE ONLY (Doctor's Comments)

Psychological

Mental State	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Mood	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Affect	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

OFFICE USE ONLY (Doctor's Comments)

Musculoskeletal (General Appearance)

Stance	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Gait	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Musculoskeletal (Neck)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Range of movement (flexion, extension, lateral flexion, rotation)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Tone, power, reflexes, sensation in upper limbs	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

Musculoskeletal (Shoulders)

Muscle tone	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Range of movement	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Full power	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Impingement test	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

Musculoskeletal (Back and Hips)

Symmetry of spine	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Forward flexion	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Backward extension	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Tone, power, reflexes, sensation in lower limbs	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Hip abduction	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

Musculoskeletal (Knees)

Duck walk (squat walk)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Appearance	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Range of movement	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Quad Strength	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Ligament Stability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scars	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Crepitus	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Musculoskeletal (Ankles)

Appearance	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Range of movement including rotation	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Overall examination	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Walk on toes/heels	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

Musculoskeletal (Wrists)

Appearance	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Range of movement (flexion, extension, rotation)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Overall Examination	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

Section Two: Medical Examination

Hearing

Ear canals and tympanic membranes	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Is there any history of hearing or other ear problems or surgery?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is there any past history of significant noise exposure (occupational or recreational)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is there any history of tinnitus?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does the applicant wear a hearing aid? If yes, an appointment with an audiologist is required.	<input type="checkbox"/> No	<input type="checkbox"/> 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 www.uhg.com.au

OFFICE USE ONLY (Doctor's Comments)

Audiogram


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

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. 

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 Yes No

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


I confirm that a copy of the "UHG Medical Authorisation Letter" is attached Yes No

Is the applicant medically capable of performing all the inherent requirements as described on pages 2 and 3 of this document? Yes No

Comments:

In your opinion, is the applicant a fit person to have access to a firearm? Yes No
If no, provide further details.

Comments:

Please note all GP or specialist reports and investigations must be provided as requested, otherwise applications can not be processed. 

Does the applicant have any medical disorders which would significantly increase their risk of work related disease or injury? No Yes
If yes, provide further details.

Comments:

Does the applicant require any restriction on his/her policing duties? No Yes
If yes, please provide further details.

Comments:

Is further information required to make this assessment? No Yes

Any further comments?

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 www.uhg.com.au and take it to your GP.