



**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](http://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@medhealth.com.au](mailto:policemedical@medhealth.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](http://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.
- 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@medhealth.com.au](mailto:policemedical@medhealth.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](http://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, 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, 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

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- 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

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- 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.
- I am aware that I may request a chaperone to be present during my medical assessment. Please request with the clinic on arrival

Name:

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Signed:

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Date:

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## 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.
- I consent to the New South Wales Police Force, or other party acting at their behest, gaining access to my SafeScript record to verify any prescribed medications. Access to SafeScript helps assessing clinicians provide informed advice to Applicants, Students or Probationary Constables about their suitability and compatibility of medications for safety-critical operational police work in addition to advising and liaising with prescribers of these medications about the ongoing care of their patient.

Name:

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Signed:

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Date:

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# Applicant

## ACADEMIC IDENTIFICATION

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## PERSONAL DETAILS

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Surname:	
First names:	
Date of birth:	Age:
Gender at birth:	<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:
Email address:

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

<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)

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## 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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exercise induced asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other lung disease (e.g. Tuberculosis, Bronchitis, Emphysema, Breathing difficulties, other)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sleep apnoea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recurrent hay fever or eczema	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recurrent wheezing or shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recurrent cough at night	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OFFICE USE ONLY (Doctor's Comments)

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\_\_\_\_\_

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# 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
Autism Spectrum Disorder (ASD)	<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, antianxiety 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:

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
Do you wear glasses or contact lenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Yes, for what purpose?

OFFICE USE ONLY (Doctor's Comments)

## Section One: Self Assessment

### Other conditions

Do you currently have, or have you ever had:

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

<input type="checkbox"/>	Did you enclose a legible copy of the letter received from NSW Police Recruitment authorising you to complete your medical?
<input type="checkbox"/>	Did you enclose a legible copy of your photographic IDs (e.g. drivers licence)
<input type="checkbox"/>	Did you complete APPLICANT DECLARATION AND CONSENT? Page 4
<input type="checkbox"/>	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
<input type="checkbox"/>	Proof of vaccination to Varicella and Measles, Mumps and Rubella (minimum of two vaccinations) and/or proof of immunity on blood testing
<input type="checkbox"/>	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 <a href="http://www.uhg.com.au">www.uhg.com.au</a>

OFFICE USE ONLY (Doctor's Comments)

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# 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.**

## D. TETANUS VACCINATION STATUS

D1. 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**

## E. MEASLES, MUMPS, RUBELLA STATUS

E1. Have you had your first Measles, Mumps & Rubella vaccination?  Yes  No  
 If Yes, on what date? \_\_\_\_\_

E2. Have you received your second Measles, Mumps & Rubella vaccination?  Yes  No  
 If Yes, on what dates? \_\_\_\_\_

E3. Have you had a blood test to confirm immunity to Measles, Mumps & Rubella?  Yes  No  
 If Yes, what was the result? \_\_\_\_\_

**Please provide documented evidence of your previous Measles, Mumps Rubella vaccinations and confirmation of immunity.**

## F. VARICELLA STATUS

F1. Have you had your first Varicella vaccination?  Yes  No  
 If Yes, on what date? \_\_\_\_\_

F2. Have you received your second Varicella vaccination?  Yes  No  
 If Yes, on what dates? \_\_\_\_\_

F3. Have you had a blood test to confirm immunity to Varicella?  Yes  No  
 If Yes, what was the result? \_\_\_\_\_

**Please provide documented evidence of your previous Varicella vaccinations and confirmation of immunity.**

### Hepatitis B, Tetanus, MMR, and Varicella 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, Tetanus, Measles Mumps Rubella (MMR) and Varicella (Chicken Pox) that can result in serious health consequences.

Therefore, as part of the police employment application process, you are required for Hepatitis B to have completed the full Hepatitis B course and also provide immunity. For Tetanus provide confirmation of vaccination. For Measles, Mumps and Rubella and Varicella to provide proof of vaccination (minimum of two vaccinations) and/or confirmation of immunity.

These records need to be provided 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.

## G. APPLICANT IMMUNISATION DECLARATION

\_\_\_\_\_  
**Signed:** \_\_\_\_\_

\_\_\_\_\_  
**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Witnessed by assessor:** \_\_\_\_\_

\_\_\_\_\_  
**Signed:** \_\_\_\_\_

\_\_\_\_\_  
**Date:** \_\_\_\_\_

### OFFICE USE ONLY (doctor/nurse to complete)

Does the applicant have written proof of Hep B immunity?  Yes  No  
*If yes, ensure that this is attached.*

Does the applicant have written proof of MMR immunity?  Yes  No  
*If yes, ensure that this is attached.*

Does the applicant have written proof of Varicella immunity?  Yes  No  
*If yes, ensure that this is attached.*

If not immune, does the applicant have written proof of vaccinations received?  Yes  No  
*If yes, ensure that this is attached.*

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:** \_\_\_\_\_

# Section Two: Medical Examination

**Please ensure:**

- hand hygiene is adhered to ie frequent handwashing, use of gloves etc.
- to advise the applicant of what to expect during the medical and if required/requested provide a chaperone during 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: \_\_\_\_\_

Country: \_\_\_\_\_

I have sighted the letter received by the applicant from the NSW Police Recruitment branch authorising them to complete their UHG Police Medical

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GENERAL EXAMINATION

Weight:	Height:	
BMI:	Waist:	
Urinalysis:	Protein:	Glucose
Blood:		
Blood Pressure		
1st Reading:		
2nd Reading: (if initial reading >140/90)		
Pulse Rate		
BPM:	<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular
Heart sounds	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Chest auscultation	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Abdomen (including hernia)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Any scars present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## CARDIOVASCULAR RISK ASSESSMENT

- Does the applicant have a history of moderate/severe chronic kidney disease?  Yes  No
- Does the applicant have a history of familial hypercholesterolemia?  Yes  No
- Is the applicant's age over 45 years of age?  Yes  No
- Does that applicant have diabetes and is over 35 years of age?  Yes  No
- Is the applicant a First Nations person over 30 years of age?  Yes  No

**If yes to any of the above, further review with a cardiologist is required, referral will be provided to applicant by UHG.**

## 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

### Musculoskeletal (Fingers)

Hand Grip Power	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Dominant hand	<input type="checkbox"/> <u>Left</u>	<input type="checkbox"/> Right
Any pain noted?	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

### Vision

Near vision (uncorrected)		
Right: N	Left: N	
Both Eyes: N		
Distance vision (uncorrected)		
Right: R6/	Left: L6/	
Both Eyes: 6/		
Corrected vision:	<input type="checkbox"/> Glasses	<input type="checkbox"/> Contacts
Near vision (corrected)		
Right: N	Left: N	
Both Eyes: N		
Distance vision (corrected)		
Right: R6/	Left: L6/	
Both Eyes: 6/		
<p><b>!</b> If visual correction is required to meet police 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 <a href="http://www.uhg.com.au">www.uhg.com.au</a></p>		
Colour vision (plate Ishihara)	<input type="checkbox"/> 24	<input type="checkbox"/> 38
Any errors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please record number of errors.		
Visual fields	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Binocular coordination	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal



# 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 , Tetatnus, MMR and Varicella 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? If no, provide further details.  Yes  No

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

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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 mental health / psychiatric conditions.
- 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.