

FITNESS FOR WORK / EMPLOYMENT REFERRAL

PATIENT DETAILS:

Name	Date of birth	Telephone
Occupation or proposed occupation	Home address	
REMARKS - Clinical history, problems, concerns or questions (Please include where relevant: injury or incident report(s); WorkCover application(s); sick leave history; and other relevant information such as a list of potential hazardous exposures, MSDS sheets, etc.)		

REFERRER DETAILS:

Referred by (name)	Telephone	Organisation / Company
	Facsimile	
Postal address	Signature	Date
		Billing or order code
Type of assessment: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Transfer <input type="checkbox"/> Separation <input type="checkbox"/> Rehabilitation advice <input type="checkbox"/> Other		

JOB DESCRIPTION & TASK ANALYSIS: (Task codes are listed in column 1, e.g. B.2 = standing reach)

Describe job position and duties, including critical tasks & requirements:

Task Code	Description	Proportion of work shift (tick)				Comments (additional space at end of form)
		Nil	0–33%	34–66%	67–100%	
(A) General requirements						
A.1	Shift arrangements					<input type="checkbox"/> Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Night <input type="checkbox"/> Permanent <input type="checkbox"/> Rotating
A.2	Required, at times, to work alone or in isolation					Comment(s):
(B) Physical requirements						
B.1	Manual handling					<input type="checkbox"/> <5 kg <input type="checkbox"/> 5-10 kg <input type="checkbox"/> 11-15 kg <input type="checkbox"/> >20 kg <input type="checkbox"/> Involves forward reach <input type="checkbox"/> Above mid-chest height <input type="checkbox"/> Items may be large or awkward
B.2	Standing reach					Must reach up to (cm):
B.3	Walking / standing					
B.4	Walking over uneven terrain					
B.5	Sitting					
B.6	Bending / squatting					
B.7	Climbing					
B.8	Sustained constrained or awkward postures					
B.9	Grasping					
B.10	Fine manipulative tasks					
B.11	Keying					
(C) Potential exposures						
C.1	Noise*					Personal protective equipment required.
C.2	Vibration					
C.3	Radiation					Please state type(s) of radiation:
C.4	Thermal extremes*					<input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Humidity <input type="checkbox"/> Air movement
C.5	Confined spaces					
C.6	Hazardous substances*					Please list at end in further comments. This includes chemicals, irritants, dusts, mists, vapours and metal fume.
C.7	Dangerous Goods*					Please list at end in further comments
C.8	Infectious agents*					
C.9	Skin irritants*					
C.10	Respiratory irritants*					

(D) Tools & equipment					
D.1 Commercial vehicles					
D.2 Driving					Vehicle(s):
D.3 Mobile plant operation					Type(s):
D.4 Hand tools					
D.5 Use of personal protective equipment					Type(s): <input type="checkbox"/> Ear protection <input type="checkbox"/> Foot protection <input type="checkbox"/> Eye protection <input type="checkbox"/> Head protection <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Gloves <input type="checkbox"/> Other:
(E) Other requirements					
	Yes	No			
E.1 Balance & coordination			e.g. climbing ladders, working at heights, etc		
E.2 Colour vision					
E.3 Depth perception					
E.4 Hearing			Please state requirements:		
E.5 Uninterrupted level of consciousness and concentration			e.g. Should not suffer from conditions which may produce sudden or unpredicted loss of consciousness, mental confusion or reduced alertness.		

* Please note that contact may be controlled by use of personal protective equipment.

Additional tests:

Urine drug screen requested (The result of this test are reported separate to the fitness for work assessment.)

Further comments and/or questions: