PRE-EMPLOYMENT FUNCTIONAL- MEDIUM RISK ROLE

Surname		**Given Names**	
Date of Birth	……../……../……	**Gender**	[ ] Male [ ] Female
Postal Address			
Telephone	**Business**	**Home**	**Mobile**
Prospective Employer		**Position Applied For**	

Have you had time off work in the last year due to illness or injury? If yes, please give details.

Has a Medical Practitioner placed you under any current physical restrictions? If yes, please give details

Do you have difficulties with any of the following? (please circle)			
Running 100m	Yes / No	Climbing a ladder	Yes / No
Walking on rough ground	Yes / No	Sitting for 2 hours	Yes / No
Kneeling / crouching	Yes / No	Lifting or bending	Yes / No
Standing for 2 hours	Yes / No	Gripping firmly with both hands	Yes / No
Turning you head rapidly	Yes / No	Reading ordinary prints	Yes / No
Concentrating	Yes / No	Repetitive movements of the arms	Yes / No
Balance or co-ordination	Yes / No	Working in hot or cold environments	Yes / No

Please provide details on any of the above

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Section 2: Declaration and Medical Release Authority

I hereby declare that the information given by me on this form is, to the best of my knowledge, true, correct, and complete.

I am to the best of my knowledge, able to perform the duties of the position I have applied for.

I authorise to provide the results of my assessment to my prospective/current employer and/or owner/operator of the site that I will be working on/have applied to. I understand that this may include the release of a copy of the full paperwork that was completed for this medical assessment (excluding those medicals which are prohibited to be released by legislation without my express authority such as the Queensland Coal Mine Workers Health Assessment, and Rail Safety Medicals),

If requested by the Examining Doctor/Medical Adviser I hereby authorise any past or current treating health professionals to furnish to the Examining Doctor/Medical Adviser medical information for the purposes of determining my fitness for employment.

I acknowledge that I have read and understood the above information and I understand that I am not compelled to sign this authority.

I understand that this information will be treated with the utmost respect for my personal privacy at all

Applicant's name……

Applicant's signature…….. Date……/……/……

Witness name…….

Witness signature……. Date……/……/……

IDENTIFICATION CHECK				
ID Type	[ ] Drivers License [ ] other. Specify _____	License No: _____	DOB	……/……/……
Checked by Name:		Signature		

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IMBINA MEDICAL CENTRE

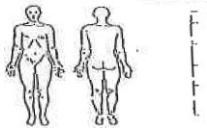
Section 3: General Health Check

3.1 Body Build

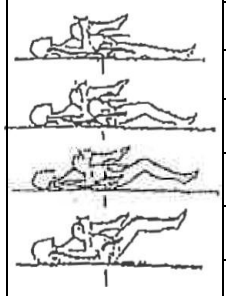
Height *(cm)*	Weight *(kg)*	BMI

Waist *(cm)*	Normal risk (Men <94cm, Women <80 cm)	Increased risk (Men >94cm, Women >80 cm)	High Risk (Men >102cm, Women >88cm)

Section 4: Basic Movement and Flexibility Assessment

4.1 Back Flexibility Test		Scoring		
	Full, active range of all spinal movements	1	Excellent	
	Limited range in 1 to 2 spinal movements	2	Good	
	Limited range in 3 spinal movements	3	Fair	
	Limited range in more than 3 spinal movements	4	Poor	

4.2 Hip Flexor Test				
	Passive RIGHT hip flexion past 90°	0.5	Excellent	
	Passive LEFT hip flexion past 90°	0.5	Excellent	
	Passive RIGHT hip flexion between 80-90°	1	Good	
	Passive LEFT hip flexion between 80-90°	1	Good	
	Passive RIGHT hip flexion between 70-80°	1.5	Fair	
	Passive LEFT hip flexion between 70-80°	1.5	Fair	
	Passive RIGHT hip flexion between 70°	2	Poor	
	Passive LEFT hip flexion between 70°	2	Poor	

4.3 Hip Flexor Flexibility Test				
	Able to bring RIGHT knee to chest keeping other leg flat	0.5	Excellent	
	Able to bring LEFT knee to chest keeping other leg flat	0.5	Excellent	
	Able to bring RIGHT knee to chest but leg lifts slightly	1	Good	
	Able to bring LEFT knee to chest but leg lifts slightly	1	Good	
	Able to bring RIGHT knee to chest but other leg lifts off floor	1.5	Fair	
	Able to bring LEFT knee to chest but other leg lifts off floor	1.5	Fair	
	Able to bring RIGHT knee to chest but other leg lifts totally off the floor	2	Poor	
	Able to bring LEFT knee to chest but other leg lifts totally off the floor	2	Poor	

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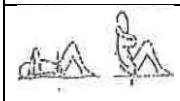
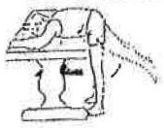
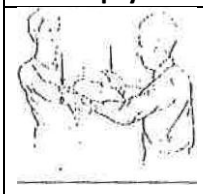
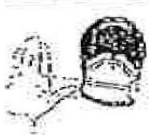
IMBINA MEDICAL CENTRE

4.4 Abdominal Strength Test				
	Able to sit up with knees bents and hands either side of forehead	1	Excellent	
	Able to sit up with knees bent arms folded across chest	2	Good	
	Able to sit up with knees bent and arms slide up thighs	3	Fair	
	Unable to sit up	4	Poor	

4.5 Back Strength Test				
	Can do it 5 times with both legs	1	Excellent	
	Can do it 3 times	2	Good	
	Can do it twice	3	Fair	
	Can do it less than twice	4	Poor	

4.6 Quadriceps Strength Test				
	Able to comfortably complete 20 squats	1	Excellent	
	Able to comfortably complete 15 squats	2	Good	
	Able to comfortably complete 10 squats	3	Fair	
	Able to comfortably complete 5 squats	4	Poor	

4.7 Empty Can Test				
	1. The patient is standing facing the examiner. 2. The examiner resists abduction with the arm of the patient elevated to 90° combined with internally rotated (thumbs facing down) and 30° in the forward plane. 3. If the patient gives way, the test is considered positive.	1 3	Negative Positive	

4.8 Dynamometer Test				
	Right Hand	Kg	Above Average for Age	
			Average for Age	
	Left Hand	kg	Below Average for Age	
			Abnormality Detected	

Section 5: Functional Task			
	Difficulty performing?		Note any issue observed:
Standing	[ ] Yes	[ ] No	*Comments:*
Walking	[ ] Yes	[ ] No	*Comments:*
Sitting	[ ] Yes	[ ] No	*Comments:*
Squatting	[ ] Yes	[ ] No	*Comments:*
Balancing	[ ] Yes	[ ] No	*Comments:*
Forward Reaching (loaded)	[ ] Yes	[ ] No	*Comments:*
Overhead Reaching	[ ] Yes	[ ] No	*Comments:*

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Section 6: Manual Handling	
Lifting	**Weight Achieved**
Floor to bench – 20 kg	
Bench to bench – 20 kg	
Bench to shoulder – 10 kg	
Carrying	**Weight Achieved**
Bilateral – 20 kg	
Right Hand – 10 kg	
Left Hand – 10 kg	
Manual Handling Techniques	
[ ] Within normal limits	
[ ] Reduced but functional (i.e. was able to modify techniques with instruction)	
[ ] Reduced but not functional	
General Comments and Recommendations	
[ ] The applicant demonstrated good manual handling techniques with no compensatory movements during testing	
[ ] The applicant required prompting during the testing to maintain appropriate manual handling techniques, Further instruction and training in manual handling and supervision in the workplace to promote learning is recommended.	
[ ] The applicant was not able to maintain appropriate manual handling techniques, despite instruction and demonstration during the testing.	

Any other additional Comments

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Functional Examination Certificate of Fitness			
Applicant's surname:		**Given name:**	
Date of Birth	……/……/……	**Date of Examination**	……/……/……
Prospective employer		**Position Applied For**	

Outcome of Assessment
[ ] Applicant met the requirements and demands of the assessment.
[ ] Applicant met the requirements and demands of the assessments — would benefit from further Manual Handling/Ergonomic Training
[ ] Applicant did not meet the requirements and demands of the assessment
General Comments and Recommendations
[ ] The applicant met the demands of the assessment. He/she has good manual handling technique and has no Musculo-skeletal issues.
[ ] The applicant required further instruction in safe manual handling techniques/ergonomic set up
[ ] Although the applicant's score on grip strength is below average, he/she demonstrated no restriction with grip strength in the lifting and carrying tasks.

Additional Comments:

Assessment completed by:

Print Name: _____

Qualifications: _____

Date……/……/……