CONFIDENTIAL

P 58

HEALTH ASSESSMENT REPORT

IMPORTANT NOTES TO THE EXAMINING PHYSICIAN

1. **NOT TO BE RETURNED TO THE APPLICANT AT THIS STAGE. APPLICANT WILL BE ABLE TO ACCESS THIS FORM THROUGH NORMAL AVENUES ON COMPLETION OF THE PROCESS.**

2. **THE COMPLETED FORM IS TO BE EMAILED ONLY BY THE EXAMINING PHYSICIAN TO: police.recruiting@police.wa.gov.au**

3. **ALL SECTIONS OF THIS FORM MUST BE COMPLETED PRIOR TO EMAILING TO THE WA POLICE FORCE, POLICE RECRUITING BRANCH.**

4. **PLEASE INCLUDE ALL ATTACHMENTS, RELEVANT TO THIS MEDICAL INCLUDING URINALYSIS, LABORATORY DRUG SCREENS, VISUAL ACUITY ASSESSMENT AND SPIROMETRY READINGS/RESPIRATORY FINDINGS.**

5. ***GIVEN CURRENT RESTRICTIONS, IF YOU ARE UNABLE TO PROVIDE A SPIROMETRY READING PLEASE COMPLETE PART B (P11) RESPIRATORY FINDINGS.***

6. **DO NOT PHOTOCOPY THIS BLANK DOCUMENT. IF YOU REQUIRE ADDITIONAL COPIES OF THIS FORM PLEASE CONTACT:**

POLICE RECRUITING
81 LAKESIDE DRIVE
JOONDALUP WA 6027

TELEPHONE: (+618) 9301 9607
FAX: (+618) 9301 9747
EMAIL: police.recruiting@police.wa.gov.au

P.58 – HEALTH ASSESSMENT

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TO BE COMPLETED BY THE APPLICANT AND PROVIDED TO THE MEDICAL PRACTITIONER

PERSONAL DETAILS/SERVICE HISTORY

SURNAME.....GIVEN NAMES.....

DATE OF BIRTH.....SEX.....REG. .....

HOME ADDRESS.....

.....POST CODE.....TELEPHONE.....

EMAIL ADDRESS.....

BRIEF DESCRIPTION OF THE POSITION

.....

.....

.....

.....

PARTICULAR REQUIREMENTS OF THE POSITION

.....

.....

.....

PERSONAL HISTORY

QUESTIONS TO BE ANSWERED BY THE APPLICANT NAME:.....

1. General Assessment

1.1 When did you last see a doctor about your health? .....weeks.....months.....years

1.2 Have you **ever** had any of the following medical conditions or problems?
(If yes please tick relevant box and add any comment you believe relevant. Please include date of injury/issue)

Condition/problem	Answer Yes / No	Details (including all relevant information)
Issues with sight, speech or hearing	☐ ☐	
Frequent strain, fatigue or sleeplessness	☐ ☐	
Any cardiovascular disease including heart problems, high blood pressure, rheumatic fever or any other heart related complaint	☐ ☐	
Respiratory problems (including chest pain, asthma, difficulty breathing, or other lung disease) - Please refer P11 - Part A or B to be completed	☐ ☐	
Central or peripheral nervous system problems (including neurological disorders, epilepsy, head injury, fainting attacks, fits, sensation or motor problems)	☐ ☐	
Any psychiatric or psychological condition including anxiety, depression or other psycho-emotional disorder	☐ ☐	
Any chronic skin disorder	☐ ☐	
Tumours, blood disorders or diabetes	☐ ☐	
Indigestion, gastric, peptic or duodenal ulcers	☐ ☐	
Kidney or bladder disease	☐ ☐	
Musculoskeletal pain, strains, sprains, broken bones, dislocations (bones, joints, muscles, spine) eg: arthritis, back, shoulder, ankle, knee pain, shin splints	☐ ☐	
Infectious or transmittable diseases	☐ ☐	
Drug, alcohol or gambling treatment	☐ ☐	
Other	☐ ☐	

1.3 Do you have any health problems that restrict your daily activities?

Yes ☐ No ☐

If yes, give details.....

.....

.....

1.4 Have you ever experienced heat stress, heat stroke, or heat related problems including with exercise?

Yes ☐ No ☐

If yes, describe what happened and treatment received: .....

.....

.....

1.5 Have you ever had or do you currently have any illness or injury which may have any likelihood of affecting duties as a Police Officer or any training associated with police duties including your ability to undergo continuous physical exercise or vigorous activity?

Yes ☐ No ☐

If yes, give details.....

.....

Date of injury/illness .....

1.6 Have you ever received or are you scheduled to receive any surgical intervention including any orthopaedic surgery such as knee or shoulder reconstruction?

Yes ☐ No ☐

If yes, give details.....

.....

Date of surgery.....

1.7 Have you ever had or are you due any hospital admissions?

Yes ☐ No ☐

If yes, give details..... ..

.....

Date.....

1.8 Do you currently take or have you ever previously taken prescription medications (with the exception of birth control) including anti depressant drugs? If so, give full details, including dose, date of commencement and reasons for treatment.

Yes ☐ No ☐

If yes, give details.....

.....

Date.....

1.9 Have you been prescribed any medication in the last 24 months?

Yes ☐ No ☐

If yes, give details..... ..

.....

Date.....

1.10 Have you ever seen a mental health professional (psychiatrist, psychologist, counsellor, social worker, etc)?

Yes ☐ No ☐

If yes, give details (including date/s).....

.....

.....

1.11 Have you ever had an injury at work or been involved in a motor vehicle accident?

Yes ☐ No ☐

If yes, give details.....

.....

Date of clearance.....

.....

Prognosis.....

.....

1.12 Have you ever made any claim for compensation, e.g. public liability, workers compensation, MVPID (Motor Vehicle Injury Division of the Insurance Commission of Western Australia), or disability pension from any source, including service within the defence forces?

Yes ☐ No ☐

If yes, give details.....

.....

Date of clearance.....

.....

Prognosis.....

.....

NOTE TO APPLICANT

In the event of the Western Australia Police Occupational Health Physician over-ruling a private general practitioner's recommendation, the applicant and the assessing practitioner will be advised as to the precise reasons for such a decision.

In the event of the Occupational Health Physician ruling an applicant as unsuitable for recruitment, the applicant may consult with a specialist at his/her own expense in the relevant field of medicine. Where there is a conflicting diagnosis, the Commissioner of Police may refer the issue to a review group consisting of the Occupational Physician, a Superintendent nominated by the Commissioner, and an independent Specialist in the relevant field of medicine. The Applicant will be responsible for the fee of the independent Specialist.

Declaration

I, *(full name)* _____, declare all the answers in this Medical Questionnaire to be, to the best of my knowledge and belief, true and correct.

I acknowledge that the provision of incorrect information or the withholding of any information relating to my mental and/or physical health and fitness may adversely affect the assessment of my character in the selection process. If my declaration is found to be false or deficient during the application process stage, my application may be withdrawn; if my declaration is found to be false or deficient after I have been sworn into the WA Police it may lead to my dismissal from the WA Police.

Waiver

In making this declaration, I *(full name)*_____direct that any medical practitioner who has been or may be consulted by me, shall be and is hereby authorised and directed by me to divulge at any time to the Chief Medical Officer of the Department of Health of Western Australia or the Commissioner of the WA Police, any information concerning my health and medical history that he/she may have acquired in the course of any professional attendance by him/her on me, or any professional consultation I have had with him/her and I hereby expressly waive all professional confidence and provisions of laws to privilege forbidding disclosure of such information.

I authorise the Western Australia Police to retain this Medical Questionnaire and any medical reports and I am aware that in the event that my application is unsuccessful, I may request the return of the medical Questionnaire and any medical reports.

Signature of Applicant _____ Dated _____20____

MEDICAL OFFICERS EXAMINATION

PHYSICAL SYSTEMS REVIEW

Height (cm)……..…Weight (kg)…… ……

Does the applicant have any designated eye condition? Yes No

If yes provide details:

Vision

Colour Vision: Normal Abnormal

Visual Acuity (Unaided): R…… L……

Visual Fields: Normal Abnormal

Contact lenses: Yes No

Visual Acuity with Contact lenses: R…… L……
(If applicable)

If the applicant does not have a minimum visual acuity of 6/30 in each eye can the applicant wear soft contact lenses on an ongoing basis over a 10-hour period?

Yes No

If the applicant does not have a minimum visual acuity of 6/30 in each eye and the applicant can wear soft contact lenses on an ongoing basis please provide the following:

- Relevant information including history of duration of wear and tolerance of soft contact lenses over a twelve-month period.
- Seek a report from a qualified person outlining the applicant's expected future tolerance to wearing soft contact lenses on an ongoing basis.

Eye Surgery

Has the applicant had any corrective eye surgery? Yes No

If Yes: What type of Surgery?…….Date of Surgery……..

Hearing

Hearing Whisper: Normal Abnormal

URINALYSIS (including Drug Screen, GC/MS) Please attach a copy to this medical. *Please re-do if any anomalies in the Urinalysis,*	**BIOCHEMICAL** *Note - Not routinely required unless clinically indicated*
Sugar……Protein……	Blood Test Results……
Blood……..	Levels of Cholesterol……
Other (specify)……..	High Density Lipoproteins (HDL)……
……	Triglycerides (Trg)……
……	List abnormal findings……..

SKIN (List any abnormalities)……
……
……
……

CARDIOVASCULAR SYSTEM
Blood pressure mm Hg (seated)
Systolic……/……Diastolic
Pulse rate/min……..
Pulse character……
Heart sounds……
Any abnormalities……
……

GASTROINTESTINAL SYSTEM
List abnormal findings (including hernias, masses, ulcers)
……..
……..
……..
……..
……..
……..

CENTRAL AND PERIPHERAL NERVOUS SYSTEM (Describe abnormality)
……
……
Rhomberg's Test:……
……
……
……
Reflex Test:……
……
……
……

LOCOMOTOR SYSTEM Is there a full and uninhibited range of movement and function in the following joints and associated musculature to sustain vigorous physical activity:

	LEFT	RIGHT
Posture		
Gait		
Shoulders		
Elbows		
Wrists		
Hands		
Hips		
Knees		
Ankles		
Feet		
Spine Cervical (C)		
Spine Dorsal (D)		
Spine Lumbar (L)		

Describe any anatomical abnormality or limitation (including applicant being overweight) that has any likelihood of effecting the applicant's ability to perform the duties of a police officer or any police training (which includes vigorous activity):
……..…
……..
Please list all injuries the applicant has sustained that has required medical treatment – please provide an approximate indication of injury date.
Eg. Muscle strains, joint sprains, broken bones, dislocations, chronic pain, shin splints etc.
If yes, give details (including date)……..
……..……
……..
……..……

Medical in Confidence

Medical Critical Training Abilities Report

Purpose and Instructions on the Medical Certificate to Identify Training Related Fitness

Purpose of document – Page 10 of 13 MUST BE COMPLETED BY DOCTOR

This document is provided to assist in the management of Police Recruit who by way of injury/illness may not be able to carry out recruit training at the Operational Safety & Tactics Training Unit (OSTTU), WA Police Academy. The document provides information by way of clarification as to the degree of activity required.

Dear Doctor:

This document is presented to you for the purpose of establishing the degree of fitness of a Police Recruit to undertake OSTTU Training. **Members will be subjected to four weeks of intensive training that will require continuous repetition of the listed activities at a high level of intensity.** This training forms part of the six month academy training and each police recruit is required to demonstrate competence in the areas indicated. Please indicate this officer's fitness to participate in each of the following activities by placing a tick (√) in either the **Fit** or **Not Fit** box for each subject.

If you have any questions on completing this certificate, please WA Police Recruiting on (08) 9301 9607.

Medical Critical Training Abilities Report

Applicant's Name:

Key: Continuous: 67-100% Frequent: 34-66% Occasional: 0-33%

Subject	Time	Bi-Annual re-qualification Activity	Physical requirement	Fit	Not Fit
1. Use of Force	60 min	*Theory, group discussion.*	*Continuous sitting, able to take posture breaks in standing if required.*		
2. Handgun Training	90 min	*Theory, loading and unloading handguns, firing handguns in a variety of positions including kneeling and standing. Drawing and replacing handguns into holsters. Series of exercises performed, between 5-7min in duration, separated by regular breaks as determined by trainer.*	*Continuous static standing position* *Frequent bilateral shoulder flexion (90^o)* *Frequent elbow extension of firing arm (180^0)* *Frequent elbow flexion of supporting arm (90^0)* *Frequent use of dominate hand trigger grip* *Frequent bracing of body* *Occasional cervical spinal rotation (90^oleft/right)*		
3. Rifle/Shotgun Training	30 min	*Theory, loading and unloading firing rifles/shotguns, in a variety of positions including kneeling and standing*	*Continuous static standing position* *Occasional bilateral shoulder / elbow flexion (90^o)* *Occasional use of dominate hand trigger grip* *Occasional cervical spinal rotation (90^0left/ right)* *Occasional lateral flexion of cervical spine (45^o) towards dominant arm.*		
4. Weapon Retention	45 min	*Theory, forceful movements striking against objects using one or both hands.* *Forceful grasping of equipment (revolver) using both hands.* *Striking against object (stomach) using the elbow.* *Using the lower limbs (knee, leg and foot) to kick against objects.*	*Dynamic standing position but occasional static holding position* *Occasional repetitive striking actions (15x) & positions:* *Shoulder flexion (90^0) & extension (45^0) action* *Shoulder abduction & adduction, internal rotation* *Elbow flexion (100^0) & extension (90^0) action* *Wrist ulnar & radial deviation* *Trunk flexion & rotation* *Lower limbs flexion & extension (below waist level)*		
5. Baton Training	20 min	*Theory and practical demonstration of drawing and striking using a baton. Session involves repetitive actions for 5 min blocks. Stretching routine performed prior to physical activities.*	*Continuous dynamic standing position but occasional stating holding posture* *Occasional repetitive striking actions (15x) & positions:* *Shoulder flexion (90^0) & extension (45^0) action* *Shoulder abduction, adduction, rotation* *Elbow flexion (100^0) & extension (90^0) action* *Wrist ulnar & radial deviation* *Trunk flexion & rotation* *Flexion & extension of lower limbs*		
6. ASR (OC) *Pepper spray*	20 min	*Pepper spray. Theory, aftercare, deployment, environmental considerations. No exposure.*	*Continuous sitting, able to take posture breaks in standing if required.*		
7. Handcuff & Search	20 min	*Theory session reviewing low-level physical management of others, manual dexterity in management of handcuffs, bending, kneeling required*	*Continuous static standing position, but able to change posture.*		
8. Scenario Role-play	40 min	*Role-plays requiring verbal and physical inputs, some requirement for the physical management of others and utilisation of equipment previously outlined. Includes briefing and debriefing.*	*Active role is not essential- observation role may be performed.* *Active Police role: Occasional demonstration of above skills to a level determined by instructor.* *Common activities include going through the motions of drawing use of force, arresting, handcuffing, searching and manhandling a subject.* *Active Subject Role: Occasional actively complying with requests of police. Include lying down, handcuffing, searches and manual handling.*		
Subject	**Time**	**Introduction Training Activity**	**Physical requirement**		
ASR (OC) *Pepper spray*	8 hrs	*Theory, aftercare scenarios, deployment, environmental considerations, voluntary exposure, subject management.*	*See Subject 6 above for an expanded version of the physical components.*		
Extendable Baton	8 hrs	*Theory, striking using a baton, drawing, repetitive actions, scenario role*	*As per 5.*		
Pistol	24 hrs	*Theory, loading and unloading handgun, firing handguns in a variety of positions including kneeling and standing. Drawing and replacing handguns into holsters.*	*As per 2.*		

(A) RESPIRATORY SYSTEM Lung Function (Vitalograph)

Please include a copy of the Vitalograph

FEV 1	L
FVC	L
FEV1/FVC	%

Describe any respiratory abnormality detected:

ABNORMALITIES (General comments/prognosis)

……
……
……

(B) RESPIRATORY SYSTEM/FINDINGS

Given current spirometry restrictions the following questions are required to be answered if unable to provide a Vitalograph) to determine any past or present respiratory problems (asthma, chest pain, difficulty breathing or other lung disease)

……
……
……

Have you ever had asthma or any respiratory conditions?

Yes No

If yes please provide details:

Was it childhood asthma that has resolved? .....
……

Triggers/allergies? ……
……

Symptoms and frequency of symptoms? .....
……

Inhaler use – type & frequency ……
……

Any history of attending hospital for your asthma or any other respiratory condition?

……
……
……
……
……
……
……
……
……
……

EXAMINING MEDICAL OFFICERS RECOMMENDATION

I have undertaken a health assessment of……..
and hereby recommend that he/she is:

☐ SUITABLE

☐ NOT SUITABLE

Remarks: (To specifically address any particular requirements of the position)

……
……
……
……
……
……
……
……

Signature: …… Date: ……..

PLEASE PRINT THE FOLLOWING DETAILS:

Name:……

Address……Postcode……

Qualification……Telephone……..

EXAMINING PHYSICIAN TO RETURN ASSESSMENT TO POLICE RECRUITING. THE WA POLICE OCCUPATIONAL HEALTH PHYSICIAN WILL DETERMINE THE SUITABILITY OF THE APPLICANT.

OCCUPATIONAL HEALTH PHYSICIAN – RULING

Based on the foregoing information, I do ☐ SUPPORT ☐ NOT SUPPORT
RECRUITMENT OF THIS APPLICANT

The Health Assessment Report requires review by the WA Police Force Consultant Psychiatrist:

☐ YES ☐ NO

REMARKS:

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.....

....
Occupational Health Physician Date