



File Ref. No:
TRIM Ref. No:

Firefighter
Xxxx
Xxxx

1 July 2018

Your health check is now due

Dear (Firefighter),

Your health and safety is our priority at FRNSW. *The Crown Employees (Fire and Rescue NSW Firefighting Staff Death and Disability) Award 2017* (the D&D Award) supports this by requiring all firefighters to undergo regular health checks.

Your health check is now due and must be arranged and undertaken by you within 12 months of the date of this letter.

If you are recovering from an illness or injury (compensable or non compensable) , you are encouraged to delay your health check until you have recovered. If your prognosis for recovery is greater than 12 months, undertake your health check within the required timeframe and inform your Nominated Medical Practitioner of the situation.

Please find enclosed your Health Check Pack, which contains the following items:

- a *Guide to the Health Check Process* for you and your doctor;
- a summary of your ordinary duties;
- a *Pathology Referral* for you to give to your pathology service provider;
- a *Health Check Report* for your doctor to complete; and
- a sample *Advice of Fitness for Duty* that the Independent Occupational Physician will complete and send to FRNSW.

Your health check will be conducted at no cost to you at a time and date convenient to you and your nominated doctor. You will receive an attendance payment of \$124.45 for each visit to a pathology service or your doctor, and up to \$1.06 per kilometre for the return distance you travelled for each of these visits.

Please read your Health Check Pack carefully as the answers to most if not all questions will be found here. FRNSW Health & Safety Branch can be contacted on (02) 9265 2800.

Yours sincerely

Malcolm Connellan AFSM
Deputy Commissioner
Executive Director People & Culture



Guide to the Health Check Process

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1. Why health checks?

Since the making of the first *Crown Employees (Fire and Rescue NSW Firefighting Staff Death and Disability) Award* in 2003, FRNSW and the FBEU have agreed on the need for a compulsory health and fitness program. The health check & fitness drill programs have been developed in accordance with Annexure A of this Award.

These programs are intended to benefit both firefighters and FRNSW by:

- promoting the health fitness of firefighters to assist them in meeting the occupational requirements of their job; and
- providing practical support, education and assistance to firefighters.

2. When am I due for a health check?

Health checks must be undertaken by all firefighters, of all ranks, as follows:

- Within the twelve-month period following your fourth anniversary of employment, and
- Within the twelve-month period following your ninth, fourteenth, nineteenth etc anniversary of employment up until the age of 60; and then
- Three years after your last health check was undertaken, and every further three years until the age of 67; and
- After age 67, annually.

The FRNSW intranet has a **Health Check Due Date** calculator you can use to determine when your first Health Check is due.

3. Will I have to pay for my health check?

No. All appointments and assessments associated with your health check are paid for by FRNSW.

Your doctor should be asked to send their invoice to *<IOP details to be inserted here>* on completion of the *Health Check Report* (see step 4 of the Nominated Medical Practitioner guide to the process).

If your doctor requires payment in advance of your appointment then you should contact the IOP on *<IOP details to be inserted here>* at least 7 days prior to your appointment with your NMP to arrange payment.

4. Are my health check results confidential?

The *Health Check Report* and your test results will be provided to the Independent Occupational Physician (IOP). They will be kept confidential and will not be provided to FRNSW.

The IOP's *Advice for Fitness for Duty* form will be provided to FRNSW. No other information or advice concerning your health and fitness will be provided to FRNSW without your consent unless the IOP has advised specific requirements or restrictions, in which case they may provide only as much information as, in their professional opinion, is necessary for FRNSW's safe management of you.

Your health check results, *Health Check Report* and the *Advice of Fitness for Duty* will be collected and collated by *<insert agreed independent third party name here – and contact details here below>* and provided to both FRNSW and the Union to allow them to assess and respond to firefighter health risks, and to monitor the health check process. Note that the information provided will be de-identified and your individual health information will not be available to FRNSW and the Union.

5. Will there be any drug or alcohol tests?

No. There is no drug or alcohol screening in the health check program.

6. Why do my results need to be reviewed by an Independent Occupational Physician (IOP)?

An Occupational Physician is a doctor who has specialised in all aspects of health related to work; for example, the effects of health on work and the effects of work on health. FRNSW has engaged Independent Occupational Physicians who are not employed by FRNSW, but who will have a good understanding of the physical and psychological requirements of firefighting, to ensure consistency across the health check process and of the advice provided to FRNSW.

7. Can I be taken off duty if a health issue is identified during a health check?

If the IOP identifies a medical issue that puts your health and safety, or the health and safety of others at risk you may be stood down from your ordinary duties. In the majority of cases there will be no need for you to be taken off duty and in some cases work restrictions may be required. Firefighters who do not agree with the determination of the IOP may request an independent review under Clause 8 of the D&D Award.

8. Who pays for the cost of treating a medical issue identified during a health check?

FRNSW will not cover the cost of treatment for non-compensable injuries or illness, however firefighters with a compensable injury or illness will be addressed through the Worker's Compensation system.

9. Where can I find more information?

You can find more information by:

- Reading the Death and Disability Award
- Reading the information sent to your postal address
- Checking the FRNSW Intranet and FBEU website (www.fbeu.net)
- Checking Station Notice Boards

10. Questions and feedback

If you have any enquiries relating to the health check process, please speak to your line manager or contact Health & Safety Branch on (02) 9265 2800 or email health&safety@fire.nsw.gov.au

If you are a member then you can also contact the FBEU on (02) 9218 3444 or email healthchecks@fbeu.net

11. What do I need to do?

1. **Read your Health Check Pack carefully and review it to ensure that it correctly describes your ordinary duties.**

If you believe that any of the information contained in your Health Check Pack is incorrect then you should contact the FRNSW Health and Safety Branch before arranging to have your health check.

2. **Choose your pathologist and your preferred doctor, who will become your Nominated Medical Practitioner (NMP) for this health check.**

You can choose any doctor to be your NMP, but if your pathologist or NMP is located further than 40km away then it is recommended that you seek prior approval from your Zone Commander. Prior approval is not compulsory, but you may be required to justify your choice of an NMP over 40km away and may not be paid for any extra distance that is later found to have been unnecessarily or unreasonably travelled.

3. **Make an appointment with your NMP for your health check.**

You have 12 months from the date of your health check notification letter to arrange and undertake your health check.

4. **Attend a pathology service to have your blood test and ECG.**

Take the *Pathology Referral* included in your health check pack to a pathology service provider of your choosing between 5 and 30 days before your health check so that your NMP has the results to discuss with you. Note point 2 about any distances to be travelled.

5. **Take the following with you to your NMP appointment:**

- Photo identification.
- Glasses if you need them.
- All medication you currently take or a list of your medications.
- Your Health Check Pack.

Your NMP will conduct a physical examination and discuss your general health and pathology test results with you. Your NMP will then complete your *Health Check Report*, which you will also be required to sign, and will provide you and the reviewing Independent Occupational Physician (IOP) with a copy of both your *Health Check Report* and your test results.

6. **Submit your claims for kilometre payments through the T&E system.**

7. **After your NMP has submitted the Health Check Report:**

- a. The Independent Occupational Physician (IOP) might contact you or your NMP for further information about your health.

If the IOP contacts you

You may choose to answer all, some or none of the IOP's questions, however a lack of information could cause the IOP to assess you as unfit for duty. You may also ask the IOP for time to consult your NMP or Union before responding to the IOP's request for information and/or permission.

If the IOP contacts your NMP

The consent you are required to sign on your *Health Check Report* authorises your NMP and the IOP to exchange information about your health, but only to clarify something in your *Health Check Report*, or to complete incomplete or unanswered questions.

- b. The Independent Occupational Physician will complete and submit the *Advice of Fitness for Duty* form to FRNSW, and at the same time provide a copy to you and your NMP.
- c. FRNSW will automatically arrange your attendance payments upon receipt of the IOP's *Advice of Fitness for Duty* form.

12. What should my Nominated Medical Practitioner do?

1. **At the commencement of the appointment your NMP should check your photo identification.**
2. **Your NMP should then review and discuss your general health and pathology test results with you.**

Your pathology tests and your consultation help identify negative lifestyle habits and risks and allow for early intervention and management of medical conditions, gathering health statistics over your career to decrease the risk of injury and illness, work-related or otherwise.

3. **Complete the *Health Check Report*.**

Your NMP should use your test results and their examination to complete all sections of the *Health Check Report*. If your NMP believes an audiometry and/or spirometry test is warranted, but is unable to perform the test themselves, then they should refer you for this testing and make a second appointment with you to discuss your test results, and to complete the *Health Check Report*.

4. **Send the completed *Health Check Report* to the Independent Occupational Physician.**

Your NMP should send only the following documents:

- the *Health Check Report*, signed on Page 4 by both you and the NMP; and
- their invoice for the consultation(s) addressed to *<IOP details to be inserted here>*.

If applicable, they should also send your audiometry or spirometry test results.

5. **Once the *Health Check Report* has been submitted:**

- a. Your NMP might be contacted by the Independent Occupational Physician (IOP) for further information and/or clarification about the NMP's findings and/or answers in your *Health Check Report*. Your NMP should not disclose any health information that is not canvassed in the *Health Check Report* without your permission.
- b. The Independent Occupational Physician will provide you and your NMP with a copy their *Advice of Fitness for Duty* to FRNSW.

13. What will the Independent Occupational Physician do?

1. On receipt of the *Health Check Report* and the firefighters' health check results the IOP will:

- a. Arrange for payment of your Nominated Medical Practitioner;
- b. Notify FRNSW, so that FRNSW can pay you for your attendance and travel expenses (return kilometres at the official business rate); and
- c. Review your *Health Check Report* and test results against the health and fitness standards.

2. If a medical issue is identified, the IOP will assess the risk against the firefighter's ordinary duties.

Not all health conditions are relevant to your work. Where a medical issue is identified the IOP must assess that risk against your ordinary duties to determine if it is safety critical or not.

The IOP may contact you to discuss your health and/or your ordinary duties, but you are not obliged to answer. You may agree to answer all, some or none of the IOP's questions, or may request time to consider the IOP's request, and to seek advice from your own doctor or Union, before providing the IOP with your answer.

The IOP should only ask you, or your NMP, about health information that is canvassed in the *Health Check Report*. No other health information should be sought without your permission.

If you or your NMP do not respond within a reasonable period then the IOP will complete the *Advice of Fitness for Duty* form based on the information available to them.

3. The IOP will send the completed *Advice of Fitness for Duty* form to FRNSW, you and your NMP.

The IOP must not provide FRNSW with any other information or advice concerning your health and fitness without your consent unless the IOP has advised specific requirements or restrictions, in which case the IOP may provide FRNSW only as much information regarding those requirements or restrictions as, in the IOP's professional opinion, is necessary for your safe management.

If the IOP intends providing additional information to FRNSW then they will ordinarily discuss this with you first to help reduce or avoid unnecessary confusion and distress.

4. The IOP will send your *Health Check Report* and test results together with their *Advice of Fitness for Duty* to **<insert agreed independent third party name here>.**

The health check results will be collected and collated by **<insert agreed independent third party name here – and contact details here below>** and provided to both FRNSW and the FBEU to allow them to assess and respond to firefighter health risks, and to monitor the health check process.

All *Health Check Reports*, test results and *Advice of Fitness for Duty* forms will be sent to, and held by:

<insert the agreed independent third party name and contact details here>



HEALTH CHECK



IS THE FIREFIGHTER DUE FOR A HEALTH CHECK?

YES



FRNSW informs Independent Occupational Physician (IOP).



Firefighter provided with information and instructions via @fire.nsw.gov.au email and by post.



Firefighter books appointment with Nominated Medical Practitioner (NMP).



Firefighter attends pathology clinic of their choice for blood test and ECG.



Firefighter attends appointment with a NMP, who performs a standardised medical examination.



IOP reviews paperwork and determines firefighter's fitness.



Local NMP forwards Health Check report and test results to IOP and to firefighter.



IOP determination of firefighter fitness for duty forwarded to FRNSW and firefighter.
The IOP will only share information with FRNSW that he/she deems necessary for the safe management of the firefighter.

Fit to perform the firefighter's ordinary duties without any requirements or restrictions.

Fit to perform the firefighter's ordinary duties with specified requirements or restrictions.

Temporarily unfit to perform the firefighter's ordinary duties but fit to perform alternative duties, either with or without specified requirements or restrictions.

Temporarily unfit to perform any FRNSW duties.

Permanently unfit to perform the firefighter's ordinary duties.

Health and Safety notify firefighter and line manager of Health Check outcome.

Health and Safety to review with line management and firefighter.

Firefighter's ordinary duties

This form is to be completed by FRNSW and:

- provided by FRNSW to the Independent Occupational Physician (IOP); and
- included with the Health Check Pack;

to encourage assessment outcomes that support firefighters continuing in their ordinary duties.

Firefighter's name	
Rank and position	
Work location	
Hours of work	
Date of report	

1	Is the firefighter currently considered fit to perform the full range of operational firefighting duties without any requirements or restrictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	If the answer to question 1 is NO, then is the firefighter currently considered fit to perform operational firefighting duties, but with requirements or restrictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	If the answer to question 2 is YES, then what are those requirements or restrictions?		
4	If the answer to question 2 is NO, then what are the firefighter's ordinary duties and typical work environments?		

Firefighter: This form is current at date of issue. If this form no longer reflects your ordinary duties, requirement or restrictions contact FRNSW Health & Safety to request an update.



Pathology Referral

FIREFIGHTER'S DETAILS

NAME		DATE OF BIRTH	
ADDRESS			
REASON FOR REFERRAL	Firefighter periodic Health Check	REFERRAL DATE	15 June 2018

TESTS REQUESTED

BLOOD TESTS

Urea electrolytes creatinine (UEC)
Fasting full lipid profile - *including total cholesterol HDL, LDL & triglycerides.*
HbA1c
FBC
LFT
Vit B12
Vit D

ECG

Resting twelve lead ECG - *ECG trace and cardiologist report*

ATTENTION PATHOLOGIST

RESULTS:

Please forward the results to the firefighter's Nominated Medical Practitioner:

Doctor: _____

Address: _____

INVOICING AND RESULTS:

Please also forward the results and account to:

Independent Occupational Physician

(Provider number to be inserted)

(Address to be inserted)

E: (email to be inserted)

Fax: (fax to be inserted)



i Firefighter: As part of your Periodic Health Check, you have been referred for some clinical tests. Please follow the checklist below to ensure that your health check runs smoothly.

CHECKLIST

- ☐ **Contact a pathology provider to arrange for the above test(s).**
It is important that you check if the pathology provider can perform the tests exactly as described on the previous page. Ask for any pre-testing instructions (fasting, etc.).
- ☐ **Use this referral form and do not request a new referral from your doctor.**
- ☐ **Write your nominated medical practitioner's details on the front of your form.**
- ☐ **Bring photographic identification on the day of your test(s).**

SENSITIVE: PERSONAL

Health Check Report

This report is to be completed by the firefighter's Nominated Medical Practitioner (NMP) and forwarded to the Independent Occupational Physician (IOP).

Note: Any unanswered questions may require the IOP to contact the NMP and/or the firefighter. Any reviews or referrals required for patient care/treatment should be arranged through usual means e.g. Medicare. Other than audiometry or spirometry, no additional reviews or referrals should be arranged in order to complete this Health Check Report. Any additional reviews or investigations required for the purpose of assessing fitness for duty will be arranged separately. Refer to the Health Check Guide for further details.

FIREFIGHTER

First name		Surname	
Other name(s)		Date of birth	

NOMINATED MEDICAL PRACTITIONER

Doctor's first name		Doctor's surname	
Street address			
Suburb		Postcode	
Email address			
Telephone number		Fax number	

Part A - Firefighter Medical History

1. MEDICATIONS

Is the Firefighter taking any prescription medication which in the opinion of the NMP should be brought to the attention of the Independent Occupational Physician (IOP)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If YES, please provide details about the name, dose and frequency:		

2. CARDIOVASCULAR CONDITIONS – Does the Firefighter have, or have they had:

a. Chest pain, discomfort or angina?	No <input type="checkbox"/> Yes <input type="checkbox"/>	h. High blood pressure?	No <input type="checkbox"/> Yes <input type="checkbox"/>
b. Heart attack, heart disease, or cardiovascular procedure / surgery (e.g. bypass or stent)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	i. Heart valve problem or surgery?	No <input type="checkbox"/> Yes <input type="checkbox"/>
c. Stroke, mini stroke or transient ischaemic attack (TIA)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	j. Peripheral vascular disease or other circulation problem?	No <input type="checkbox"/> Yes <input type="checkbox"/>
d. Diagnosis of an irregular or abnormal heart rhythm?	No <input type="checkbox"/> Yes <input type="checkbox"/>	k. Aortic aneurysm?	No <input type="checkbox"/> Yes <input type="checkbox"/>
e. A cardiac arrest?	No <input type="checkbox"/> Yes <input type="checkbox"/>	l. Any other heart or circulation problems?	No <input type="checkbox"/> Yes <input type="checkbox"/>
f. An automatic internal cardiac defibrillator or pacemaker implanted?	No <input type="checkbox"/> Yes <input type="checkbox"/>	m. Heart failure or cardiomyopathy (disease of heart muscle)?	No <input type="checkbox"/> Yes <input type="checkbox"/>
g. Vascular surgery, not including varicose veins surgery?	No <input type="checkbox"/> Yes <input type="checkbox"/>	n. Family history of heart disease or stroke?	No <input type="checkbox"/> Yes <input type="checkbox"/>

3. BLOOD CONDITIONS – Does the Firefighter have:

a. Known persistent anaemia (low blood count)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	c. Condition causing increased blood clotting?	No <input type="checkbox"/> Yes <input type="checkbox"/>
b. Condition causing increased bleeding risk including blood -thinning medication e.g. Warfarin?	No <input type="checkbox"/> Yes <input type="checkbox"/>		

SENSITIVE: PERSONAL

4. RESPIRATORY CONDITIONS – Has the Firefighter been diagnosed within the last 5 years with:

a. Emphysema?	No <input type="checkbox"/> Yes <input type="checkbox"/>	c. Sleep disorder e.g. obstructive sleep apnoea, narcolepsy?	No <input type="checkbox"/> Yes <input type="checkbox"/>
b. Asthma?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If YES, please provide additional details below.	

ASTHMA – additional details

When was the Firefighter first diagnosed with asthma?	Please provide the name, dose and frequency of <u>current</u> medication used to treat asthma.
When did the Firefighter last have symptoms of asthma?	Please provide the name, dose and frequency of <u>previous</u> medication used to treat asthma and when ceased.
How often and severe are/were the Firefighter's asthma symptoms?	Has the Firefighter had oral steroid treatment prescribed? (e.g. prednisolone). If yes, why and when?
What are the triggers or precipitating factors for asthma?	Has the Firefighter had hospital treatment for asthma? If yes, please provide approximate dates or years.

5. NEUROLOGICAL CONDITIONS – Does the Firefighter have, or have they had:

i. Within the last 10 years:

a. Epilepsy or seizure?	No <input type="checkbox"/> Yes <input type="checkbox"/>
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ii. Within the last 5 years:

b. Convulsion, fit or loss of consciousness of unknown cause?	No <input type="checkbox"/> Yes <input type="checkbox"/>	c. Recurrent vertigo (including Meniere's disease)?	No <input type="checkbox"/> Yes <input type="checkbox"/>
d. Brain hemorrhage, brain aneurysm or brain tumour?	No <input type="checkbox"/> Yes <input type="checkbox"/>	e. Degenerative neurological condition (e.g. multiple sclerosis, Parkinson's disease, motor neurone disease, dementia)?	No <input type="checkbox"/> Yes <input type="checkbox"/>

6. KIDNEY CONDITIONS – Does the Firefighter have, or have they had:

a. Kidney impairment / failure or reduced kidney function?	No <input type="checkbox"/> Yes <input type="checkbox"/>	c. Kidney dialysis?	No <input type="checkbox"/> Yes <input type="checkbox"/>
b. Kidney transplant	No <input type="checkbox"/> Yes <input type="checkbox"/>		

7. ENDOCRINE CONDITIONS – Does the Firefighter have:

Diabetes	No <input type="checkbox"/> Yes <input type="checkbox"/>	If YES, please provide additional details below.
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DIABETES – additional details

When was the Firefighter diagnosed with diabetes?	Please provide the name, dose and frequency of <u>current</u> medication used to treat diabetes.
Has the Firefighter had any episodes of hypoglycaemia (low sugar) where they required medical assistance or assistance of another person? If so when?	If the Firefighter experiences hypoglycaemia (low blood sugar), at what blood sugar level do they begin to have symptoms?
Does the Firefighter have any diabetes complications affecting eyes, kidneys, or feet?	Does the Firefighter have any complications related to circulation e.g. heart, stroke, legs?

SENSITIVE: PERSONAL

8. OTHER

Does the Firefighter have any other health condition(s) they are concerned may impact on their safety as a Firefighter or the safety of others?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If YES, please provide details about the condition(s):	

NMP: If YES to any of the specific conditions listed on pages 1 and 2 you may provide more information, in space below; for example, when the condition was diagnosed, investigations, treatment (e.g. procedures, medications), specialist and progress

Part B - NMP Examination

EXAMINATION FINDINGS

Measurements				Photo ID		
WEIGHT _____ kg HEIGHT _____ cm BMI (weight ÷ height in metres ²) _____ WAIST GIRTH _____ cm				Photo ID has been sighted _____ (please initial)		
Test Results	NMP to comment on abnormal results					
ECG	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>				
Total Cholesterol	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>				
LDL Cholesterol	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>				
LDL/HDL Ratio	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>				
Triglycerides	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>				
Blood Glucose	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>				
Vision						
Distance Vision	Uncorrected			Corrected (if necessary)		
	Right	Left	Both	Right	Left	Both
	6/	6/	6/	6/	6/	6/
Visual fields (to confrontation)	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Comments:			
Hearing						
Hearing difficulties	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Hearing aids used		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Recommended for audiometry	No <input type="checkbox"/>	Yes <input type="checkbox"/>	IF YES – NMP please arrange audiometry and include the results with this Health Check Report.			

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Cardiovascular system		NMP to comment on abnormal results
Blood pressure ____ / ____ mmHg *	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	
2 nd Reading ____ / ____ mmHg	* Repeat if above 135/85 mmHg after 5 and 10 minute intervals	
3 rd Reading ____ / ____ mmHg		
Pulse rate =bpm	Regular <input type="checkbox"/> Irregular <input type="checkbox"/>	
Heart sounds	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	
Murmurs	Absent <input type="checkbox"/> Present <input type="checkbox"/>	
Evidence of cardiac failure/oedema	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Peripheral pulses	Present <input type="checkbox"/> Absent <input type="checkbox"/>	
Is there any evidence of disease of the heart or vascular system generally?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Cardiovascular Risk Calculation	Gender	M <input type="checkbox"/> F <input type="checkbox"/>
	Age	
	HDL	mmol/L
	Total Chol	mmol/L
	Sys BP	mmHg
	Smoking*	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Diabetes	No <input type="checkbox"/> Yes <input type="checkbox"/>
	ECG LVH	No <input type="checkbox"/> Yes <input type="checkbox"/>
		Use cardiovascular risk calculator: www.cvdcheck.org.au _____ % in five years * Smoking within last 12 months.
Has any close blood relative (mother, father, sister, brother) had cardiovascular disease? If YES , please give details of the age and onset of the condition(s): Smoking history within the last 5 years (quantity, duration): Exercise (type, frequency):		
Respiratory system		NMP to comment on abnormal results
Air entry	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	
Breath sounds	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	
Wheeze	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Recommended for spirometry?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If YES , NMP please arrange spirometry and include the results with this Health Check Report.
Neurological and locomotor systems		NMP to comment on abnormal results
Tremor	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Balance (Romberg's test)	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	
Stance, gait and posture	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	
Squatting	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	
Muscle tone	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	
Thoracolumbar spine range of movement	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	
Cervical spine range of movement	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	
Any evidence of neurological disorder?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Upper limbs		NMP to comment on abnormal results
Power and coordination	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	
Reflexes	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	
Hands – fine motor, grip strength	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	
Shoulder- range of movement	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	

SENSITIVE: PERSONAL

Lower limbs			NMP to comment on abnormal results			
Power and coordination	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>				
Reflexes	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>				
Straight leg rise	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>				
Knee examination	Left	Right	NMP to comment on abnormal results			
Swelling or deformity	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Joint tenderness	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Normal range of movement	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Ligaments	Key: N = Normal, A = Abnormal					
- ACL (e.g. anterior drawer test)	N <input type="checkbox"/> A <input type="checkbox"/>	N <input type="checkbox"/> A <input type="checkbox"/>				
- MCL	N <input type="checkbox"/> A <input type="checkbox"/>	N <input type="checkbox"/> A <input type="checkbox"/>				
- LCL	N <input type="checkbox"/> A <input type="checkbox"/>	N <input type="checkbox"/> A <input type="checkbox"/>				
Any other locomotor abnormalities?	No <input type="checkbox"/>	Yes <input type="checkbox"/>				
Mental health						
<p>Is there a history or evidence of a mental health condition? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If YES, please provide information regarding the symptoms, treatment, clinical progress and current condition. Please also state any significant triggers, severity (e.g. self-harm or suicide risk, hospitalisation), co-morbid conditions.</p>						
Renal system						
Urinalysis	Blood	Nil <input type="checkbox"/>	Trace <input type="checkbox"/>	1+ <input type="checkbox"/>	2+ <input type="checkbox"/>	3+ <input type="checkbox"/>
	Protein	Nil <input type="checkbox"/>	Trace <input type="checkbox"/>	1+ <input type="checkbox"/>	2+ <input type="checkbox"/>	3+ <input type="checkbox"/>
	Glucose	Nil <input type="checkbox"/>	Trace <input type="checkbox"/>	1+ <input type="checkbox"/>	2+ <input type="checkbox"/>	3+ <input type="checkbox"/>
eGFR <60 ml/min	No <input type="checkbox"/> Yes <input type="checkbox"/>					
Medical conditions presenting an acute safety risk						
<p>Are there any medical conditions which you believe acutely present a safety risk to the firefighter or others? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If YES then please comment:</p>						

NOMINATED MEDICAL PRACTITIONER DETAILS

Name	
Signature	
Assessment Date	

FIREFIGHTER'S CONSENT

<p>I hereby consent to my Nominated Medical Practitioner's provision to the Independent Occupational Physician of this Health Check Report on the understanding that the Independent Occupational Physician and my Nominated Medical Practitioner may exchange my health information to the extent necessary to clarify any finding and/or answer (or absence thereof) in this Report, and that no other health information will be disclosed to the Independent Occupational Physician without my subsequent consent.</p>			
Firefighter's signature		Date	

Advice of Fitness for Duty

INDEPENDENT OCCUPATIONAL PHYSICIAN TO COMPLETE

Firefighter details

First Name		Surname	
Other Name(s)		Date of Birth	
Employee Number			

Assessment

I have reviewed the firefighter's health check results against the firefighters' health and fitness standard and the nominated medical practitioner's report and based on that information advise that the firefighter is (tick one only):

<input type="checkbox"/> Fit to perform the firefighter's ordinary duties without any requirements or restrictions.
<input type="checkbox"/> Fit to perform the firefighter's ordinary duties with the following requirements or restrictions:
<input type="checkbox"/> Temporarily unfit until to perform the firefighter's ordinary duties but fit to perform alternative duties with the following requirements or restrictions:
<input type="checkbox"/> Temporarily unfit until to perform any FRNSW duties.
<input type="checkbox"/> Permanently unfit to perform the firefighter's ordinary duties.

Note: No other information or advice is to be provided to FRNSW concerning the firefighter's health and fitness without the firefighter's consent apart from such information regarding the specified requirements or restrictions as, in your professional opinion, is necessary for the safe management of the firefighter.

Independent Occupational Physician details

Name		Practice Stamp	
Address		Email	
Telephone		Fax	

Signature	
Date of Assessment	