

MEDICAL ASSESSMENT FORM

Your
health is
our
priority

The FRNSW Occupational Physician requires information to determine your capacity for a safe return to work.

How you can help:

- You can plan ahead to avoid unnecessary delays
- Complete Section 1 (below) and put your name, number and station on the top of each page
- Have your doctor (or specialist if you have one) complete sections 2 & 3 of this form
- Check you have attached available medical / surgical reports and any imaging reports (e.g. x-ray, MRI)
- Read and sign the consent below so we can assess your case as quickly as possible
- Return completed form to Health & Safety
 - Fax: 02 92652681 or Email: health&safety@fire.nsw.gov.au

What happens next:

- If you are not cleared for normal duties, take this form with you to each of your doctor or specialist appointments and send in to Health & Safety for regular review and update
- Sometimes, FRNSW's Occupational Physician may require further information or assessment
- We'll keep you informed and work on making things go smoothly

SECTION 1

DETAILS OF EMPLOYEE

Name:	Preferred phone No:
Employee No:	Preferred email:
DOB:	Substantive position:
Zone:	Station:

CONSENT

I, _____ authorise my treating doctor/specialist to complete this Medical Assessment Form **and** exchange information relevant to my _____ (illness or injury) in order to assist with the assessment of my fitness to resume firefighting duties. This may include exchange of information between a representative from FRNSW Health & Safety Branch and my treating doctor / specialist / allied health professionals / hospital for the purposes of obtaining further clarification relevant only to the illness or injury for which this form is completed.

Signature: _____ **Date:** _____



SECTION 2 (To be completed by the Treating Doctor/Specialist)

DETAILS OF TREATING DOCTOR/SPECIALIST (write or stamp)

Name:	Phone:
Address:	Fax:
<input type="checkbox"/> Treating Specialist	Specialty:
<input type="checkbox"/> Treating General Practitioner	

MEDICAL DETAILS

Date of injury or illness: _____ / _____ / _____ Diagnosis (*must be completed*): _____

Investigations (attach reports): _____

Hospitalisation (attach discharge summary/operation notes): _____

Treatment provided:

Type	Details (include dates/duration)
Procedure (e.g. surgery):	
Medication:	
Physiotherapy:	
Other:	
Ongoing treatment if required:	

FITNESS FOR WORK

Duties:

- Fit for pre-injury duties (substantive position) (Please complete Section 3)
- Unfit for any work Date of next review: _____ / _____ / _____
- Fit for suitable duties Date of next review: _____ / _____ / _____ (Please complete Section 3)
- Permanently modified duties (reached maximal medical improvement) (Please complete Section 3)

Hours of work: *Normal Restricted (Please detail hrs/days) _____

** Retained firefighters: fit for on call shift work (in addition to primary employment).*

Permanent firefighters: fit for normal hrs (please seek to clarify specific roster e.g. 10/14; 24hr; fire safety, etc)

Review:

Does the firefighter require monitoring or review? YES NO
If YES, how often? (per month, biannual, etc): _____

Has the firefighter had a similar injury/illness in the past? YES NO

Do you consider this firefighter has a high risk of re-injury? YES NO

If currently **UNFIT** for firefighting duties, do you anticipate a return to operational firefighting? YES NO

Additional comments relevant to above injury or illness:

SECTION 3 (To be completed by the Treating Doctor/Specialist)

ESSENTIAL FUNCTIONS OF AN OPERATIONAL FIREFIGHTER

- If this section is not appropriate, or you have additional comments, **please attach a relevant report**
- Write **N/A** if the essential function is not relevant to the illness or injury (e.g. lower limb for upper limb injury)

FUNCTIONAL REQUIREMENTS	Fit	Not yet fit	N/A
Administrative tasks Able to sit to work, changing postures as required; basic computer skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper limbs <ul style="list-style-type: none"> • Shoulder - overhead lifting • Hands - firm gripping, fine motor skills 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Lower limbs <ul style="list-style-type: none"> • Able to walk on flat surfaces • Able to walk on uneven surfaces, slopes, slippery surfaces • Able to ascend and descend stairs & ladders • Able to squat, sustain crouching, kneeling, crawling 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Manual handling tasks - Lifting, pushing, pulling <ul style="list-style-type: none"> • < 5kg • 5kg to 10kg • 10kg to 20kg • No restriction (<i>involves lifting, pushing, pulling in a variety of postures wearing heavy personal protective equipment > 21 kg; using heavy tools >15 kg; lifting, dragging or carrying casualties</i>) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Specific tasks required for operational duties: <ul style="list-style-type: none"> • Exposure to respiratory irritants - smoke, cool dry air (self contained breathing apparatus), chemicals & gases that may precipitate asthma or other respiratory problems • Exposure to heat & very demanding physical exertion, often to near maximum heart rates • Work at heights & in confined spaces • Use of personal protective equipment (boots, helmet, self contained breathing apparatus) • Exposure to critical incidents and psychological stress 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Driving and travel <ul style="list-style-type: none"> • Use of public transport • Driving a normal vehicle • Driving heavy vehicle (commercial driver's license) - <i>please refer to Assessing Fitness to Drive for Commercial and Private Vehicles, National Transport Commission, October 2016</i> 	Fit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Comment / Tolerance	

Additional comments relevant to capacity or tolerance:

Signature (Specialist/GP): _____ Date: _____