



QUEENSLAND AMBULANCE SERVICE

Medical Assessment

As part of the Queensland Ambulance Service (QAS) recruitment process, applicants are required to undertake a Medical Assessment.

Steps to completing the Medical Assessment

- Applicants complete Part 1 of the Medical Assessment Form. If an applicant answers 'yes' to any of the questions contained in section 2, they must supply additional medical information, as required, in section 3.
- Applicants take the Medical Assessment Form to a QAS approved Medical Assessor.

PRIVACY INFORMATION

The Queensland Ambulance Service is collecting information on this form to:

- enable an assessment of the applicant's medical fitness to undertake the specified role;
- fulfil its obligations pursuant to the *Work Health and Safety Act 2011*; and
- to assess, so far as is reasonably practical, any inherent risks to the health and safety of the applicant, other employees, or members of the community in performing the role.

The information contained on this form is made available to the QAS approved medical provider for the purposes of undertaking the medical assessment and examination, and authorised delegates within the QAS. You may request a copy of this information at the time of the assessment with the Medical Practitioner or by making a request to the QAS Medical Director, Queensland Ambulance Service.

Failure to complete all required sections of this form or to provide all relevant medical information / evidence (where required) may result in delays to the progression of your application.

Part 1 (To be completed by the applicant)

SECTION 1 Applicant Details

Title Mr Mrs Miss Ms Other APPLICANT ID

GIVEN NAMES PREFERRED NAME (notnicknames)

SURNAME DATE OF BIRTH

RESIDENTIAL ADDRESS

POSTAL ADDRESS - Insert 'as above' if same as Residential Address

EMAIL

PHONE HOME WORK MOBILE

GENDER MALE FEMALE

What position are you applying for?

- Emergency Medical Dispatcher
- Patient Transport Officer
- Paramedic (Graduate or Qualified)
- Undergraduate Student Paramedic

Are you an existing Queensland Ambulance Service (QAS) employee? Yes No

Have you previously applied for employment with the QAS? Yes No

SECTION 2 Health Questionnaire (Please refer to the Medical Standards)

2.1 Are you currently being treated by a doctor for any injury or illness? Yes No

2.2 Do you currently take any prescribed medications? (Eg: sprays, tablets, mixtures, etc.) Yes No

- 2.3 Have you ever had or been told by a doctor that you have had heart disease, chest pain (angina), a heart attack, any condition requiring heart surgery, high blood pressure requiring medication, sustained palpitations or an irregular heart beat? Yes No
- 2.4 Have you ever had or been told by a doctor that you have had any blood disease or disorder? Yes No
- 2.5 Have you ever had or been told by a doctor that you have had any respiratory condition or abnormal shortness of breath? Yes No
- 2.6 Have you ever had or been told by a doctor that you have had any disease of the liver including Hepatitis? Yes No
- 2.7 Have you ever had or been told by a doctor that you have had a hernia (rupture) or hiatus hernia? Yes No
- 2.8 Have you ever had or been told by a doctor that you have had colic or any disease of the bowel? Yes No
- 2.9 Have you ever had or been told by a doctor that you have had dyspepsia or a disease or ulcer of the stomach or duodenum? Yes No
- 2.10 Have you ever had or been told by a doctor that you have had dizziness or fainting spells? Yes No
- 2.11 Have you ever had or been told by a doctor that you have had epilepsy or fits? Yes No
- 2.12 Have you ever had or been told by a doctor that you have had skin cancers? Yes No
- 2.13 Have you ever had or been told by a doctor that you have had migraines or persistent headaches? Yes No
- 2.14 Have you ever had or been told by a doctor that you have had cancer or a tumour of any kind? Yes No
- 2.15 Have you ever had or been told by a doctor that you have had diabetes? Yes No
- 2.16 Have you ever had or been told by a doctor that you have had thyroid disease? Yes No
- 2.17 Have you ever had or been told by a doctor that you have had dermatitis or eczema? Yes No
- 2.18 Have you ever had or been told by a doctor that you have had deafness or a hearing defect? Yes No
- 2.19 Have you ever had or been told by a doctor that you have had a bone injury or fracture? Yes No
- 2.20 Have you ever had or been told by a doctor that you have had a dislocated joint? Yes No
- 2.21 Have you ever had or been told by a doctor that you have had an ankle or knee injury? Yes No
- 2.22 Have you ever been told by a doctor that you have any form of arthritis in your joints? Yes No
- 2.23 Have you ever had or been told by a doctor that you have had a back injury or back pain? Yes No
- 2.24 Have you ever had or been told by a doctor that you have had foot trouble or difficulty wearing shoes? Yes No
- 2.25 Are you currently prescribed or have you ever been prescribed any antidepressant medication, antipsychotic medication, anti-anxiety agents, addiction alleviating medications eg. naltrexone, methadone? Yes No
- 2.26 Do you currently suffer or have ever suffered from any of the following: depression, anxiety disorder, post-traumatic stress disorder, obsessive compulsive disorders, phobias, addictive behaviours (including alcohol, gambling), substance abuse, illicit drug use, attempted suicide, self-harming behaviours, mental illness? Yes No
- 2.27 Have you ever had or been told by a doctor or optometrist that you have had any abnormal vision, requiring you to wear spectacles or contact lenses? If yes, please attach an optometrist report. Yes No
- 2.28 Have you ever had or been told by a doctor that you have had colour blindness? Yes No

- 2.29 Are you allergic to any medication? Yes No
- 2.30 Has your weight altered in the past 12 months? Yes No
- 2.31 Have you undergone any surgery for any reason? Yes No
- 2.32 Have you been advised to have any surgery/medical procedures in the future? Yes No
- 2.33 Have you ever been rejected, deferred or loaded for life insurance? Yes No
- 2.34 Have you ever suffered from any condition or disability which has resulted in lost time from work greater than 2 weeks? Yes No
- 2.35 Have you ever been discharged from employment on medical grounds (includes voluntary or involuntary)? Yes No
- 2.36 Have you ever received a payment in relation to a permanent injury or disability? Yes No
- 2.37 Have you ever been absent from work or full time education through injury or illness for more than one week in the past five years? Yes No
- 2.38 Do you have any physical disabilities? Yes No

SECTION 3 Additional Medical Information

If you answered 'yes' to any of the above questions, you **must** supply additional medical information in the following table and provide evidence where available. Evidence may include specialist reports or hospital discharge summaries. Failure to provide this information at the time of assessment may result in unnecessary delays in progressing your application.

(Please attach a separate sheet if space is insufficient)

| Question no. | Details of condition/history (Provide a specialist or treating practitioner report if available) | Onset of condition mm/yyyy | Treatment of condition (if any) | Cessation of condition (if applicable) mm/yyyy |
|--------------|---|-------------------------------|---------------------------------|--|
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SECTION 4 Mandatory Vaccination Requirements

MANDATORY VACCINATION REQUIREMENTS (EXCLUDING EMERGENCY MEDICAL DISPATCHER APPLICANTS)

- 4.1 Have you attached evidence of sero-conversion against Hepatitis B? Yes No
- Evidence can be:
- Documented evidence of age-appropriate* course of vaccinations (not accelerated) **and** Serology confirms anti-HB's >10mIU/ml; **or** Yes No
 - Documented evidence of anti_HBc, indicating past Hep B infection; **or** Yes No
 - Serology confirms individual is a non-responder – completed age-appropriate* course of Hep B plus booster **and** serology results >4 weeks post booster indicating anti-HB's < 10mIU/ml Yes No

- 4.2 Have you attached evidence of vaccination against Diphtheria, tetanus, pertussis (whooping cough)? Yes No
- Evidence can be:
- One documented dose of an adult dTpa vaccine (not ADT) within the last ten years Yes No
- Date of administration _____
- 4.3 Have you attached evidence of vaccination against Measles, Mumps and Rubella (MMR)? Yes No
- Evidence can be:
- 2 documented doses of MMR vaccine at least one month apart; **or** Yes No
 - Positive IgG for MMR; **or** Yes No
 - Birth date before 1966 Yes No
- 4.4 Have you attached evidence of vaccination against Varicella (Chicken Pox)? Yes No
- Evidence can be:
- 2 documented doses of varicella vaccine at least one month apart (one dose is sufficient if the person was vaccinated before 14 years of age); **or** Yes No
 - Positive IgG for Varicella; **or** Yes No
 - History of Chicken Pox or documentation of physician diagnosed shingles Yes No
- 4.5 Were you born in a country with high incidence of Tuberculosis (TB), or have you resided for a cumulative time of 3 months or longer in a country with a high incidence of TB (as listed at http://www.health.qld.gov.au/chrisp/tuberculosis/high_risk_index.asp), **or** Yes No
- Have you had direct contact with a person who has had active Tuberculosis? Yes No
- If yes, have you attached evidence of vaccination against Tuberculosis?
- Evidence can be:
- Tuberculin skin test (TST) Yes No

Your medical assessment form will not be approved until this evidence is provided to the Queensland Ambulance Service approved Medical Assessor.

*Age-appropriate, non-accelerated course:

- For those who received a Hepatitis B containing vaccine as an adolescent (age 11 to 15), this refers to **two doses** with the 2nd dose **at least** 6 months after the 1st dose.

- For those who received a Hepatitis B containing vaccine as a paediatric or adult, this refers to **three doses** with the 2nd dose **at least** 1 month after the 1st dose, and 3rd dose **at least** 6 months after the 1st dose.

- Any shorter intervals are considered by QAS to be an 'accelerated course'.

SECTION 5 Applicant Declaration

I _____ declare that all responses provided within this medical assessment form are true and correct and that I have provided a full and open disclosure of all information requested herein, as it relates to my health and fitness that is relevant for appointment to the role.

I acknowledge and understand that the provision of incorrect, inaccurate or untruthful information relating to my health and fitness may result in cancellation of my application or dismissal from any appointment with the QAS.

Signature of Applicant _____ Date _____

SECTION 6 Applicant Disclosure Authorisation

In making the above declaration, I authorise the QAS approved Medical Assessor to disclose to an authorised delegate within the Queensland Ambulance Service, all information concerning my health, fitness and medical history that has been acquired during the course of this medical assessment and I expressly waive all professional confidence.

Signature of Applicant _____ Date _____

Part 2 (To be completed by the QAS approved Medical Assessor)

1.1 Respiratory System

Chest Lungs

 Normal Abnormal

If abnormal, please specify _____

1.2 Cardiovascular
Blood Pressure

Systolic _____ mmHG

Diastolic _____ mmHG

Pulse Rate _____

 Regular Irregular

Heart Sounds Normal/Abnormal

 Normal Abnormal

If abnormal, please specify _____

Is there any sign of swelling or oedema?

 Yes No

If yes, please specify _____

1.3 Abdomen

 Normal Abnormal

If abnormal, please specify _____

1.4 Body Mass Index (BMI) (Emergency Medical Dispatcher (EMD) Exempt)

Weight _____

Height _____

BMI _____

$$\text{BMI} = \frac{\text{mass (in kilograms)}}{\text{height (in metres)}^2}$$

If an individual's BMI exceeds the QAS Medical Standards and he/she believes that it is the result of ethnicity, an abnormal body build or high muscle mass, they will be required to submit evidence based on floatation or body plethysmography tanks, or a skin fold test from a health professional.

1.5 Neurological/Locomotion

Cervical Spine Rotation

 Normal Abnormal

Back Movement

 Normal Abnormal

Upper Limbs Appearance

Joint Movement

 Normal Abnormal

Muscle Tone

 Normal Abnormal

Coordination

 Normal Abnormal

Reflexes

 Normal Abnormal

Lower Limbs Appearance

Joint Movement

 Normal Abnormal

Muscle Tone

 Normal Abnormal

Coordination

 Normal Abnormal

Reflexes

 Normal Abnormal

If abnormal, please specify _____

1.6 Vision
Visual Acuity
Corrected Right _____ Left _____
Uncorrected Right _____ Left _____

Are contact lenses or spectacles worn? Yes No

If yes, an optometrist report indicating your corrected and uncorrected vision must be attached. Please note that your optical prescription is not sufficient.

Visual Fields Normal Abnormal

Ishihara Normal Abnormal

If abnormal, please specify _____

1.7 Hearing Normal Abnormal

If abnormal, please specify _____

1.8 Urinalysis
Protein Normal Abnormal

Glucose Normal Abnormal

1.9 Are there any visible signs of alcohol or other drug abuse? Yes No

If yes, please specify _____

SECTION 2 Medical Assessor Declaration

I certify that I have reviewed the QAS medical standards and have completed a medical assessment of the applicant's overall fitness to undertake the role based on these standards. This medical assessment has included a review and exploration of the applicant's stated medical history (as referenced in Part 1, Sections 2, 3, and 4) and a physical examination (as outlined in Part 2).

Name of Medical Officer _____ Date of Examination _____

Stamp of Medical Officer/Medical Officer's Signature

Address _____

Phone _____