

APPLICANT TO COMPLETE - PRE TESTING

It is a requirement of your testing today to produce photo identification in the form of a driver's license, passport, 18+ card or school ID. If you do not have this, you must inform us immediately, as your testing may not be able to be completed.

Applicant Information: THE EMPLOYER has requested that you participate in a Pre-Employment Functional Screen with KINNECT as a part of their recruitment process. **YOUR PARTICIPATION IN THIS COMPONENT OF THE EMPLOYMENT ASSESSMENT PROCESS IS VOLUNTARY.** By participating you are expressly authorising the assessing consultant to conduct the assessment and provide their evaluation of your capacity to meet the jobs physical demands. Assessments are conducted professionally and in good faith and for the information of THE EMPLOYER only. The assessment is only one factor that THE EMPLOYER may consider in the recruitment process. As such, by agreeing to undertake the assessment you are also agreeing that you will not hold KINNECT, its consultants, or affiliates liable or responsible in any respect for any subsequent rejection of your application for employment by THE EMPLOYER.

The employer is the party collecting your personal information for the assessment. KINNECT will collect your personal information on behalf of the employer directly from you where possible (including your contact information, medical information, and the results of your screening with us), but in certain circumstances may be required to collect information about you from the employer or a third party (such as your GP). You expressly consent to us collecting your personal information from any such parties and you agree to provide any written consent required by law to obtain the same. If your personal information is not collected by us, we may not be able to complete your assessment.

Explanation of Assessment: This involves the consultant reviewing (your disclosed medical history) and assessing your current physical abilities in completing a range of standardised tests. The testing protocol has been designed in conjunction with THE EMPLOYER to obtain both general and specific information that is relevant to assessing your suitability for the position that you are applying for with THE EMPLOYER. It is to be understood that the assessment is not "pass" or "fail"; and that it remains within the sole discretion of THE EMPLOYER as to whether you should be offered any position of employment.

It is important to reiterate that:

- The consultant conducting your assessment is NOT responsible for determining your suitability for employment;
- No debate, discussion or challenge to the findings of the assessment will be entered into with you – KINNECT's client in relation to the assessment is THE EMPLOYER and not you;
- By taking part in this assessment you give consent to THE EMPLOYER to use all information collected by KINNECT (written, verbal, and demonstrated) for the purpose of processing your application;
- All aspects of this Pre Employment Functional Screen are voluntary and you may choose to discontinue the assessment at any time.

Release of Information: KINNECT will release all information to THE EMPLOYER as a part of the Pre-Employment Functional Screen process. KINNECT may also disclose your personal information to our personnel and related entities, contractors or agents for the purposes identified below. As the assessment documentation has been prepared for and on behalf of THE EMPLOYER, KINNECT is not at liberty to provide you with a copy of any part of the assessment documentation nor is KINNECT able to discuss any aspect of your results or the assessment report with you. In the event that any Medical Screening is required the relevant Medical Practice will release all information obtained to KINNECT and the EMPLOYER as a part of the Pre-Employment process.

By proceeding with your assessment today, you expressly agree and consent to KINNECT collecting and retaining your information:

- for the purposes of providing its assessment to the relevant employer;
- to aggregate your information with other information for use in KINNECT's research and analytics; and
- for purposes connected with the general administration of KINNECT's business.

For more information regarding how we collect, use and disclose personal information please see our Privacy Policy available on our website or you may ask us.

Name: _____

DOB: _____

Pre-Employment Functional

© DO NOT REPRODUCE

Acknowledgement: I _____

- Have read (or have had this document read to me) and understand the information and explanation contained within the document;
- Confirm that I understand this form and that this assessment is voluntary and that I can decline to undertake or continue any of the assessment activities at any time;
- Understand that the information from the assessment will be shared between KINNECT, relevant Medical Professionals and THE EMPLOYER;
- Acknowledge and agree that by signing this assessment authorisation form I am bound by its terms; and that this form may be relied upon and pleaded as a bar to any legal proceedings brought now or in the future by me or on my behalf against THE EMPLOYER and/ or KINNECT arising out of or in connection with the assessment.

NB Parent or guardian signature required where applicant is under 18 years, or unable to sign

Name: _____

DOB: _____

Signature: _____

Date: _____


Guardian Signature: _____

Guardian Contact #: _____

EXAMPLE DOCUMENT ONLY

Name: _____

DOB: _____

PERSONAL DETAILS				Completed
Name:				<input checked="" type="checkbox"/>
Gender	<input checked="" type="checkbox"/> M / <input type="checkbox"/> F	DOB: 2	Age: 47	<input checked="" type="checkbox"/>
Address:		Contact Number:		<input checked="" type="checkbox"/>
Job Applying for:		CECLOC 135		<input checked="" type="checkbox"/>
Physical Activity Readiness Questionnaire (PAR-Q)				
YES	NO	Carefully read and respond to all the following questions by ticking YES or NO. If you answer YES please provide relevant notes in the appropriate section for each question.		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	P1) HAS YOUR DOCTOR ever said that you should only do physical activity that has been medically approved due to a heart condition (heart attack, heart surgery, palpitations, irregular heart rate, and/or high/low blood pressure)? NOTES:		<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	P2) In the past month have you had chest pain WHEN YOU WERE NOT doing physical activity? NOTES:		<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	P3) Do you feel pain in your chest WHEN YOU DO physical activity? NOTES:		<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	P4) Do you lose your balance because of dizziness or do you ever lose consciousness? NOTES:		<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	P5) Do you have a pacemaker or any other implants? NOTES:		<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	P6) Do you have any current or recurring bone or joint problems (e.g. old sports/work injury, arthritis)? NOTES:		<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	P7) Do you take any prescription medications (e.g. for blood pressure, heart conditions, pain, or injury)? NOTES:		<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	P8) Is there any other health or medical reasons that you can think of which may prevent you from undertaking exercise? NOTES:		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	P9) Have you had any injury(s) trauma(s) or surgery(s)? NOTES: skin Ca cut out		<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	P10) At your current workplace do you have any physical concerns with your current work?		<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	P11) Females Only: Do you believe that you may be pregnant or have you given birth in the last 12 months? NOTES:		<input type="checkbox"/>
By signing this form, I verify that all information is true and correct				<input checked="" type="checkbox"/>
 Name: _____ Signature _____				<input checked="" type="checkbox"/>
Consultant Only				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	P12) Have you had any change in bowel or bladder control recently?	ID Type: passport	ID No: ed
<input type="checkbox"/>	<input checked="" type="checkbox"/>	P13) Have you experienced any unexplained weight loss in the last 12 months?		<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	P14) Do you experience pins and needles in both arms or both legs?		<input checked="" type="checkbox"/>

CONSULTANT USE ONLY Every box must be checked for complete completeness

Name: _____

DOB: _____

PHYSICAL CHARACTERISTICS & CARDIOVASCULAR BASELINE Completed

AGE: 47 B1) WEIGHT: 113 kg HEIGHT: 1.86 meters RHR: 81

R SYSTOLIC BP: 135 R DIASTOLIC BP: 85

85% HRMax (220-age*85): 147.0 70% HRMax (220-age*70): 121.1

B2) What is the applicants WAIST GIRTH: 113 centimetres

GRIP STRENGTH (position 2) - Dominant Hand:

GRIP	TRIAL 1	TRIAL 2	TRIAL 3	AVG
Right	<u>59</u> KG	<u>59</u> KG	<u>60</u> KG	G1) <u>59.33</u> KG
Left	<u>56</u> KG	<u>55</u> KG	<u>55</u> KG	G2) <u>56</u> KG

G3) Did the applicant meet the grip strength requirements for their age? YES NO (if no see question below)

G4) If G3 is NO, did the applicant meet 75% of the grip strength requirements for their age? YES NO

NORMS		18-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
		Male	Left	30.0	42.7	45	44.3	46.4	44.8	43.8	40.7	36.9	34.8
	Right	38.0	48	48.5	47.5	48	48.7	45.4	45.5	39.7	37.5	37.5	34.4
Female	Left	22.0	25.1	27.7	28.6	27.2	26.4	27.7	25.9	24.5	20.7	20.6	20.3
	Right	27	27.5	30.4	30.4	29.9	29.5	30.5	27.8	26.9	23.3	23.0	21.8

MUSCULOSKELETAL SCREEN *AMA Guidelines to Permanent Impairment 5th ed. 2001

M1) DE QUERVAIN L:	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	M2) DE QUERVAIN R:	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative
M3) PHALEN L:	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	M4) PHALEN R:	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative
M5) EMPTY CAN L:	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	M6) EMPTY CAN R:	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative
M7) PCL L:	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	M8) PCL R:	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative
M9) MCL L:	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	M10) MCL R:	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative
M11) LCL L:	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	M12) LCL R:	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative
M13) ACL L:	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	M14) ACL R:	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative
M15) MENISCUS L:	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Normal	M16) MENISCUS R:	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Normal
M17) LUMBAR LORDOSIS:	<input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> Normal	M18) SCOLIOSIS:	<input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> Normal
M19) THORACIC KYPHOSIS:	<input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> Normal	M20) SCAPULAE SYMMETRY:	<input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> Normal
M21) NECK ROM:	<input checked="" type="checkbox"/> FUNCTIONAL ROM	<input type="checkbox"/> NON FUNCTIONAL ROM			
M22) SHOULDER ROM:	<input checked="" type="checkbox"/> FUNCTIONAL ROM	<input type="checkbox"/> NON FUNCTIONAL ROM			
M23) ELBOW ROM:	<input checked="" type="checkbox"/> FUNCTIONAL ROM	<input type="checkbox"/> NON FUNCTIONAL ROM			
M24) WRIST ROM:	<input checked="" type="checkbox"/> FUNCTIONAL ROM	<input type="checkbox"/> NON FUNCTIONAL ROM			
M25) HIP ROM:	<input checked="" type="checkbox"/> FUNCTIONAL ROM	<input type="checkbox"/> NON FUNCTIONAL ROM			
M26) KNEE ROM:	<input checked="" type="checkbox"/> FUNCTIONAL ROM	<input type="checkbox"/> NON FUNCTIONAL ROM			
M27) ANKLE ROM:	<input checked="" type="checkbox"/> FUNCTIONAL ROM	<input type="checkbox"/> NON FUNCTIONAL ROM			

DYNAMIC TOLERANCES

Sharpened Modified Romberg Test - Give applicant up to 3 trials (if required)
TARGET = Maintain balance and posture for 30 seconds or greater

Best Time Achieved: 30 seconds Did the applicant meet the 30 seconds or greater target? D1) Yes No

Position Yes No

D2) Kneel (leading with left leg) Yes No

D3) Kneel (leading with right leg) Yes No

D4) Repetitive Squat (5 reps) Yes No

D5) Sustained Squat (15 seconds) Yes No

D6) Did the applicant require support to rise from the squat or kneel? No Yes

Name: _____ DOB: _____

CONSULTANT USE ONLY Every box must be checked for completeness

CEASE TESTING AT THIS POINT IF:

- RESTING HEART RATE EXCEEDED 100 BPM
- SYSTOLIC BP EXCEEDED 160 mmHg
- DIASTOLIC BP EXCEEDED 100 mmHg
- POSITIVE PAR-Q FOR Questions 1-4
- INJURY / SURGERY IN THE LAST 6 WEEKS

If testing is ceased due to above DO NOT continue with:

- Functional Testing or;
- Job Specific Testing;
- Step Test.

However, you MUST:

1. Go to the post testing and summary pages and complete them;
2. Provide applicant with a letter requesting medical clearance for testing to continue and;
3. Inform the applicant that instructions to conduct any re-assessment is at the discretion of the employer (pending medical clearance).

**COMPLETE FUNCTIONAL TESTING PRIOR TO COMPLETING
CARDIOVASCULAR TEST**

Name: _____

APPLICANT POSITION

Critical / Non Critical / NA

The purpose of this testing is to work out what your physical abilities are right now. If for any reason during the testing you wish to stop you may do so at any time. I am going to be watching your technique very closely at all times and I will stop you if I am not happy that it is safe and correct. I will be monitoring your heart rate throughout the testing which is normal. I will ask you three questions at the end of each test which relate to 1) How heavy you think the task feels (0 being "nothing at all" to 10 being "too heavy!"); 2) If you could perform the task hypothetically once per hour 8 to 12 times per day; 3) If you could perform the task at a heavier weight.

Clinician Read to Applicant ME (Initial) Applicant Understands ME (Initial)

Resting HR 98 Give 30 second Rest break when HR 85% 147

Modified Matheson Protocol: Commence testing at 5kg and progress through to final required weight. If HR exceeds 85% at any point during the testing, give the applicant a 30 second rest break and then continue with the testing. Testing is only ceased if the applicants HR fails to return to below 85% after 30 seconds of rest.

LIFTING (FLOOR to SHOULDER X 4 Reps)

Ensure starting point(s) is a 90° turn from the shelving to allow demonstration of poor body mechanics e.g. twisting to be assessed.

Wt (kg)	PH	Perform Once/hr	Heavier Weight	Effort	Notes
5	1	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C <input type="checkbox"/> HRE <input type="checkbox"/> HRF	<input checked="" type="checkbox"/> Safe <input type="checkbox"/> Ceased <input type="checkbox"/> Corrected
10	2	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C <input type="checkbox"/> HRE <input type="checkbox"/> HRF	<input checked="" type="checkbox"/> Safe <input type="checkbox"/> Ceased <input type="checkbox"/> Corrected
15	4	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C <input type="checkbox"/> HRE <input type="checkbox"/> HRF	<input checked="" type="checkbox"/> Safe <input type="checkbox"/> Ceased <input type="checkbox"/> Corrected
20	6	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C <input type="checkbox"/> HRE <input type="checkbox"/> HRF	<input checked="" type="checkbox"/> Safe <input type="checkbox"/> Ceased <input type="checkbox"/> Corrected

KEY: HR - Heart Rate did not recover PH- Perceived Heaviness AG - Altered Gait AMR - Accessory Muscle Recruitment
C - Counterbalancing HRE - 10% HR Increase From Previous Recorded HR HRF - HR failed to recover below 85% during rest break

F1) Did the applicant meet the full lifting requirements? Yes No (if no see question below)

F3) What was the maximum weight, the applicant was able to safely lift during the test: 20 kg

CARRYING (WAIST to WAIST X 2Rep X 20m)

*commence testing at 60% of the previous maximum test weight

Wt (kg)	PH	Perform Once/hr	Heavier Weight	Effort	Notes
5	1	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C <input type="checkbox"/> HRE <input type="checkbox"/> HRF	<input checked="" type="checkbox"/> Safe <input type="checkbox"/> Ceased <input type="checkbox"/> Corrected
10	2	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C <input type="checkbox"/> HRE <input type="checkbox"/> HRF	<input checked="" type="checkbox"/> Safe <input type="checkbox"/> Ceased <input type="checkbox"/> Corrected
15	4	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C <input type="checkbox"/> HRE <input type="checkbox"/> HRF	<input checked="" type="checkbox"/> Safe <input type="checkbox"/> Ceased <input type="checkbox"/> Corrected
20	5	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C <input type="checkbox"/> HRE <input type="checkbox"/> HRF	<input checked="" type="checkbox"/> Safe <input type="checkbox"/> Ceased <input type="checkbox"/> Corrected

KEY: HR - Heart Rate did not recover PH- Perceived Heaviness AG - Altered Gait AMR - Accessory Muscle Recruitment
C - Counterbalancing HRE - 10% HR Increase From Previous Recorded HR HRF - HR failed to recover below 85% during rest break

F7) Did the applicant meet the full carrying requirements? Yes No (if no see question below)

F9) What was the maximum weight, the applicant was able to safely carry during the test: 20 kg

FUNCTIONAL TESTING SUMMARY

F10) Does the applicant require Manual Handling Training prior to commencing the proposed job role? Yes No

CONSULTANT USE ONLY Every box must be checked for completeness

Name: _____

DOB: _____

CARDIOVASCULAR FITNESS - 3 Minute Step Test
 To be conducted at a tempo of 96 BPM with a step height of 30.5cm. *YMCA Protocol - ACSM Guidelines 2001
CEASE TEST IF APPLICANT REACHES 85%

RHR Pre Test: 98	HR @ 1 min 120	HR @ 2 min 124	HR @ 3 min 130	<input checked="" type="checkbox"/>
1 Min Post HR: 98		C1) Test Completed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>
Please tick one of the following:				CONSULTANT USE ONLY
<input checked="" type="checkbox"/> Nil concerns		<input type="checkbox"/> Ceased by assessor as unsafe		
<input type="checkbox"/> Exercising HR exceeded 85% HR Max		<input type="checkbox"/> Unable to maintain correct pace		
<input type="checkbox"/> Reported weakness		<input type="checkbox"/> Reported fatigue		
C2) Based upon the applicant's recovery HR, what was the applicants overall Cardiovascular Fitness Rating:				<input checked="" type="checkbox"/>
<input type="checkbox"/> Excellent		<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average
<input type="checkbox"/> Below Average		<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor	

Cardiovascular Fitness - 3 Minute Step Test

Male / Age	18-25	26-35	36-45	46-55	56-65
Excellent	<79	<83	<87	<91	<95
Good	79-89	83-96	87-97	91-104	95-109
Above Average	90-99	97-103	98-105	105-108	98-105
Average	100-105	104-112	106-116	104-112	106-116
Below Average	106-116	115-119	117-122	113-120	117-122
Poor	117-128	120-130	123-132	121-129	123-132
Very Poor	>128	>130	>132	>129	>132

Female / Age	18-25	26-35	36-45	46-55	56-65
Excellent	<85	<90	<94	<95	<94
Good	85-98	90-102	94-104	95-104	95-103
Above Average	99-108	103-110	105-115	105-112	104-111
Average	109-117	111-118	116-120	113-119	112-117
Below Average	118-126	119-128	121-129	119-128	118-127
Poor	127-140	129-140	130-135	129-139	128-141
Very Poor	>141	>141	>136	>140	>142

DOB :

POST TESTING

I confirm that this assessment (tick the appropriate box)

Did Not

Did

cause any significant pain or discomfort at the time it was conducted. I confirm that I understand to consult a doctor if I experience any significant pain within the next few days.

Name: _____
Assessors Name: _____
Signature: _____

Date: _____

Date: _____

CONSULTANT USE ONLY

EXAMPLE DOCUMENT ONLY

Name: _____

DOB: _____

Functional Testing Summary - Consultant Use Only

YES	NO		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	P15) Based on the above information; does the applicant have a significant health concern(s) that would place them at moderate - high risk if they were to perform the proposed role? (if yes, please see question below)	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	P15a) Please list these significant health concerns:	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	P16) Based on the above information; does the applicant have a significant Musculoskeletal concern(s) that would place them at moderate - high risk if they were to perform the proposed role? (if yes, please see question below)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	P16a) Please list these significant musculoskeletal concerns: Minor - lateral left right knee "click" or McMurrays, meniscus test N.I. pain when testing	<input type="checkbox"/>

Further Clinical Comments (if required):

Note above mentioned comment.
However without pain & / or loss
of functional capacity I would
consider incidental
little concern.

Assessors Name:

Date:

[Handwritten Signature]

Pre-Employment Functional Assessment Report Summary

Applicant Name:	Assessment Date: 0
Position:	
Employer:	Site: NSW Site Various

R1) RISK RATING:	A
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R2) RISK(S) IDENTIFIED DURING PRE EMPLOYMENT:
 No health concerns or risk factors were identified during the assessment. Given the findings of this pre-employment functional assessment, _____ was deemed to be of a very low risk if he were to perform the role of a Geologist.

R3) IDENTIFIED RISK(S) DEEMED TO BE SIGNIFICANT FOR THE PROPOSED JOB ROLE:
 Nil Significant Risk Factors Identified.

R4) RECOMMENDED RESTRICTION(S) TO MANAGE IDENTIFIED RISK(S):
 Nil Restrictions.

R5) RECOMMENDED INTERVENTION(S) TO MANAGE / REDUCE RISK(S):
 Nil Recommendations.

EXAMPLE DOCUMENT ONLY

Definitions for All Outcomes

A	<p>Risk is VERY LOW.</p> <p>The applicant has successfully demonstrated very good functional capacity and is deemed to be considered a low risk if employed within the proposed job role.</p>
B	<p>Risk is LOW.</p> <p>The Applicant has not met some aspects of the assessment; however these do not pose an increased risk nor are critical for the proposed role. The applicant is deemed to be a low risk if employed within the proposed job role.</p>
C	<p>Risk is:</p> <p>MODERATE with a Risk Management/Health Management Plan HIGH without a Risk Management/Health Management Plan</p> <p>The Applicant has not met some aspects of the assessment and this places the Applicant at an increased risk if performing the proposed role. The identified risk can be appropriately managed or controlled through the development of a Risk Management/Health Management Plan.</p> <p>Please provide current restrictions that the worker would adhere to and should be included in a Risk Management Plan, if they were to be offered the proposed position. Such restrictions can be lifted, if functional reassessment demonstrates that a Risk Management Plan has adequately reduced or eliminated the risk factors identified.</p>
D	<p>Risk is HIGH</p> <p>The Applicant has not met areas of the assessment, and these pose a significant risk of sustaining a 'new injury' or 'aggravating' an existing injury. The identified risk cannot be appropriately managed or controlled through the development of a Risk Management/Health Management Plan.</p>

