

# Site Access medical detailed certificate

Name		
Date of Birth		
CS Health refe	rence number	
Examination re	quested by	
Position	1	
Field of employ	ment	
Examined by		
Opinion  GREEN  AMBER  RED	Has a stable medical Has a medical condit Has a medical condit	althy in relation to the occupational demands of their usual role.  condition that imposes a restriction on some aspect of their usual role.  ion that requires ongoing medical monitoring.  ion that will result in an unacceptable safety or health risk or a condition om performing the occupational demands of their usual role.

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PO Box 42
Corrimal NSW 2518



Name :			CS Health Reference No	:
Date of last chest x - ra	ny:			
Requires corrective ler	isob:	Yes	No	
Periodic Health Assess	ment :	Attended	Not requested	
Drug and Alcohol Test: - Complies with AS / NZ 4308: 2		Atterided	Not requested	
Functional Capacity Ev	aluation :			
☐ Functional Capac	ity Evaluation co	mpleted - see i	report for full details of performance	
☐ Functional Capac	ity Evaluation co	mpleted with li	mitations - see report for full details of	performance
☐ Functional Capac	ity Evaluation no	t completed - s	see report for full details of performand	e
			< \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	/			
-		Name :		
-		Date :		

wish to discuss any further aspects of this Medical Assessment, please do not hesitate to contact CS Health

Original issue date: 1 July 2014 Current issue date: 3 June 2015

Approved by: CS Health General Manager
Location: Coal Services intranet - CS Health / Procedures and Documents



Name :	CS Health Reference No :
Work History	
Workers' Compensation Claims  Relevant Medical History	
Norkers' Compensation Claims	
Relevant Medical History	91.
Nil	1
Previous Injuries (non work related)	
Nil	

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**CS Health Reference No:** 

### **Relevant Medications**

Nil

# **Physical Findings**

	<b>^</b> .				
Allergies	t	1/1			
Nil known					
			$\mathbf{c}$		
Physical Findi	ngs		C,		
Height	186	ВМІ	134	Hip	103
Weight	118	Waist	105	Waist/Hip ratio	1.02

Vision - Assessed according to the categories outlined in the 2016 Austroads medical standard
Fields: Normal

Distance Uncorrected	Left	6/5	Right	6/5	Binocular	6/5
Distance Corrected	Left	6/	Right	6/	Binocular	6/
Near Binocular Uncorrected N4			N4		Corrected	

Colour Vision defect:

No

Vision meets:

Commercial Driver Standard

Unconditional

Private Driver Standard

Unconditional

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lame :		CS Health Reference No :
Cardiovascular Syst	tem	
Blood Pressure:	110 / 70	Pulse Rate: 66
Heart Sounds:	Normal	
Rhythm:	Normal	
Cardio System:	Normal	

## Respiratory

Comments	4/1				
Exposed Skin	Normal	0			
Comments		C	1/2		
			1/1	•	
Respiratory				<b>/</b>	
Breath Sounds:	Normal			0/1/2	
	FEV1		FVC	1	FEV1/FVC
Measured	4.07	Litres	5.06	Litres	80.43%
Predicted	4.67	Litres	5.86	Litres	79.69%
Percentage of predicted	87.15%		86.35%		

Spirometry results:

Normal

Comments

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**Gastrointestinal** Abdomen: Normal Hernias: **Absent** The mal to Och Man On A Comments **Musculoskeletal Function** Gait and General posture: Cervical Spine: Thoraco-lumbar spine: Upper Limbs:

**CS** Health Reference No:

# **Neurological**

Lower Limbs:

Comments

Coordination:

Power:

Normal

Sensation:

Normal

Reflexes:

Normal

Ankle

Normal

Other

Knee

Normal

Tremor:

Absent

Romberg's Test:

Normal

Comments

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**CS Health Reference No:** 

**Urinalysis** 

Blood:

Neg

Glucose:

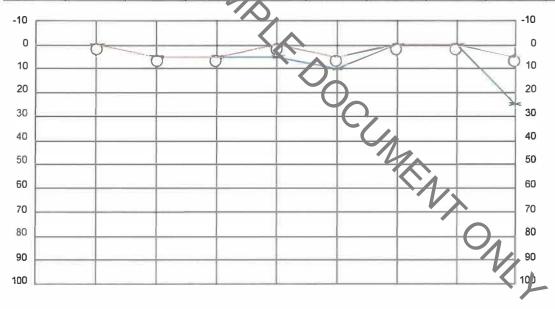
Neg

Protein:

Neg

- If greater than 6% then you may consider contacting the assessment Doctor **Hearing Loss** 

	0.5	1	1.5	2	3	4	6	8	Loss	Binaural loss
Right	00	05	05	00	05	00	00	05	0,0	0.0%
Left	00	05	06//	05	10	00	00	25	0.0	0.0%



## **Hearing**

At least 16hrs since significant noise exposure?	Yes	Auditory canals normal?	Yes
Tympanic membranes normal?	Yes	Recent Ear and Sinus infection?	No
Is Tinnitus present now?	No	Hearing loss consistent with NIHL?	N/A
Hearing meets commercial driver standard?	Yes	Hearing meets national rail standard?	Yes

#### Comments

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**CS Health Reference No:** 

## **Current Health Issues**

Nil medical issues Nil injuries

No No S: Floutine

Examinee referred to other Health Provider?

Recommendations for review and client follow up notes:

Comments

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Name:	CS Health Reference No ;

Signature Medical Officer

MEDICAL INCONFIDENCE

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