

**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.

**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**

|   |   |
|---|---|
| <p>Name</p> <input style="width: 90%; height: 20px;" type="text"/> <p>Signature</p> <div style="border: 1px solid black; height: 80px; width: 95%; margin-top: 5px;"></div> | <p>Date</p> <div style="border: 1px solid black; padding: 2px;">Guardian</div> <p>Signature</p> <div style="border: 1px solid black; height: 80px; width: 95%; margin-top: 5px;"></div> |
|---|---|

**PERSONAL DETAILS**

Name

Gender

Male

Date of Birth

Age

Contact Number

Job Applying For

Address

EXAMPLE DOCUMENT ONLY

**PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)**

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.

- 1) 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)?  Yes  No
- 2) In the past month have you had chest pain WHEN YOU WERE NOT doing physical activity?  Yes  No
- 3) Do you feel pain in your chest WHEN YOU DO physical activity?  Yes  No
- 4) Do you lose your balance because of dizziness or do you ever lose consciousness?  Yes  No
- 5) Do you have a pacemaker or any other implants?  Yes  No
- 6) Do you have any current or recurring bone or joint problems (e.g. old sports/work injury, arthritis)?  Yes  No
- 7) Do you take any prescription medications (e.g. for blood pressure, heart conditions, pain, or injury)?  Yes  No
- 8) Is there any other health or medical reasons that you can think of which may prevent you from undertaking exercise?  Yes  No
- 9) Have you had any injury(s), trauma(s) or surgery(s)?  Yes  No
- 10) At your current workplace do you have any physical concerns with your current work?  Yes  No
- 11) Females Only: Do you believe that you may be pregnant or have you given birth in the last 12 months?  NA  Yes  No

By signing this form, I verify that all information is true and correct

Name  Date

ID Type   ID signed

ID Number

Signature

**Consultant Only**

- 12) Have you had any change in bowel or bladder control recently?  Yes  No
- 13) Have you experienced any unexplained weight loss in the last 12 months?  Yes  No
- 14) Do you experience pins and needles in both arms or both legs?  Yes  No

**PHYSICAL CHARACTERISTICS & CARDIOVASCULAR BASELINE**

|                      |                         |                         |
|----------------------|-------------------------|-------------------------|
| Age                  | 70% HRMax (220-age*.70) | 85% HRMax (220-age*.85) |
| <input type="text"/> | <input type="text"/>    | <input type="text"/>    |
| Height(in meters)    | Weight(in kg)           | Waist Girth (in cm)     |
| <input type="text"/> | <input type="text"/>    | <input type="text"/>    |
| Systolic BP          | Diastolic BP            | Resting Heart Rate      |
| <input type="text"/> | <input type="text"/>    | <input type="text"/>    |

**GRIP STRENGTH**

Dominant Hand

Right  Left

**Right**

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Trial 1              | Trial 2              | Trial 3              | Average              |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Left**

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Trial 1              | Trial 2              | Trial 3              | Average              |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

- G3) Did the applicant meet the grip strength requirements for their age?  Yes  No
- G4) If G3 is NO, did the applicant meet 75% of the grip strength requirements for their age?  N/A  Yes  No

**MUSCULOSKELETAL SCREEN (AMA GUIDELINE TO PERMANENT IMPAIRMENT 5TH ED. 2001)**

- |                             |                                |   |
|-----------------------------|--------------------------------|---|
| DE QUERVAIN L               | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| DE QUERVAIN R               | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| PHALEN L                    | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| PHALEN R                    | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| EMPTY CAN L                 | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| EMPTY CAN R                 | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| PCL L                       | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| PCL R                       | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| MCL L                       | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| MCL R                       | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| LCL L                       | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| LCL R                       | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| ACL L                       | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| ACL R                       | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| MENISCUS L                  | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| MENISCUS R                  | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| ATFL ANTERIOR DRAWER TEST L | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| ATFL ANTERIOR DRAWER TEST R | <input type="radio"/> Positive | <input checked="" type="radio"/> Negative |
| LUMBAR LORDOSIS             | <input type="radio"/> Abnormal | <input checked="" type="radio"/> Normal   |
| SCOLIOSIS                   | <input type="radio"/> Abnormal | <input checked="" type="radio"/> Normal   |
| THORACIC KYPHOSIS           | <input type="radio"/> Abnormal | <input checked="" type="radio"/> Normal   |
| SCAPULAE SYMMETRY           | <input type="radio"/> Abnormal | <input checked="" type="radio"/> Normal   |

**RANGE OF MOTION SCREEN**

- |                 |   |                                      |
|-----------------|---|--------------------------------------|
| 1) NECK ROM     | <input checked="" type="radio"/> Functional | <input type="radio"/> Non-Functional |
| 2) SHOULDER ROM | <input checked="" type="radio"/> Functional | <input type="radio"/> Non-Functional |
| 3) ELBOW ROM    | <input checked="" type="radio"/> Functional | <input type="radio"/> Non-Functional |
| 4) WRIST ROM    | <input checked="" type="radio"/> Functional | <input type="radio"/> Non-Functional |
| 5) HIP ROM      | <input checked="" type="radio"/> Functional | <input type="radio"/> Non-Functional |
| 6) KNEE ROM     | <input checked="" type="radio"/> Functional | <input type="radio"/> Non-Functional |
| 7) ANKLE ROM    | <input checked="" type="radio"/> Functional | <input type="radio"/> Non-Functional |

**SHARPENED MODIFIED ROMBERG TEST**

Give applicant up to 3 trials(if required)  
**TARGET = Maintain balance and posture for 30 seconds or greater**

|                                 |                                 |                                 |
|---------------------------------|---------------------------------|---------------------------------|
| Trial 1(time secs)              | Trial 2(time secs)              | Trial 3(time secs)              |
| <input type="text" value="30"/> | <input type="text" value="30"/> | <input type="text" value="30"/> |

Did the applicant meet the 30 seconds or greater target?  Yes  No

**POSITIONAL TOLERANCES**

- D1) Kneel (leading with left leg)  Yes  No
- D2) Kneel (leading with right leg)  Yes  No
- D3) Repetitive Squat (5 reps)  Yes  No
- D4) Sustained Squat (15 seconds)  Yes  No
- D5) Did the applicant require support to rise from the squat or kneel?  No  Yes

**CEASE TESTING AT THIS POINT IF:**

- Resting Heart Rate exceeded 100 BPM
- Systolic BP exceeded 160 mmHg
- Diastolic BP exceed 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
 

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

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).

**Applicant Position**

**Applicant to read and acknowledge below:**

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.

Applicant Understands

Clinician Read to Applicant

EXAMPLE DOCUMENT ONLY

**CARDIOVASCULAR FITNESS - 3 MINUTE STEP TEST**

To be conducted at a tempo of 96 BPM with a step of 30.5cm. \*YMCA Protocol – ACSM Guidelines 2001  
 CEASE TEST IF APPLICANT REACHES 85% HRM:

139.4

RHR Pre Test: 75      HR @ 1 min: 103      HR @ 2 min: 119      HR @ 3 min: 121

If test is completed: 1 Min Post HR: 103

If the test was not completed, please select one of the following: Nil Concerns

Based upon the applicants recovery HR, what was the applicants overall Cardiovascular Fitness Rating: Above Average

**LIFTING (FLOOR TO SHOULDER X 2 REP/S) LIMIT: 20 KG**

Resting HR: 75      Cease HR 85%: 139.4      Recovery HR 70%: 114.8

**Modified Matherson Protocol:**  
 Commence testing at 5kg and progress through to final required weight. If HR exceeds 85% at any point during the testing, give 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.

| Weight (kg) | PH | Perform once/hr   | Heavier Weight  | Effort   | Notes |
|-------------|----|---|---|--|-------|
| 5           | 0  | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C<br><input type="checkbox"/> HRE <input type="checkbox"/> HRF | Safe  |
| 10          | 0  | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C<br><input type="checkbox"/> HRE <input type="checkbox"/> HRF | Safe  |
| 15          | 0  | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C<br><input type="checkbox"/> HRE <input type="checkbox"/> HRF | Safe  |
| 20          | 0  | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C<br><input type="checkbox"/> HRE <input type="checkbox"/> HRF | Safe  |

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

Did the applicant meet the full lifting requirements?  Yes  No

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

**LIFTING (FLOOR TO WAIST X 4 REP/S) LIMIT: 20 KG**

Resting HR  Cease HR 85%  Recovery HR 70%

**Modified Matherson Protocol: Commence testing at 5kg and progress through to final required weight. If HR exceeds 85% at any point during the testing, give 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.**

| Weight (kg) | PH                             | Perform once/hr   | Heavier Weight  | Effort   | Notes                             |
|-------------|--------------------------------|---|---|--|-----------------------------------|
| 5           | <input type="text" value="0"/> | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C<br><input type="checkbox"/> HRE <input type="checkbox"/> HRF | <input type="text" value="Safe"/> |
| 10          | <input type="text" value="0"/> | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C<br><input type="checkbox"/> HRE <input type="checkbox"/> HRF | <input type="text" value="Safe"/> |
| 15          | <input type="text" value="0"/> | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C<br><input type="checkbox"/> HRE <input type="checkbox"/> HRF | <input type="text" value="Safe"/> |
| 20          | <input type="text" value="0"/> | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C<br><input type="checkbox"/> HRE <input type="checkbox"/> HRF | <input type="text" value="Safe"/> |

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

Did the applicant meet the full lifting requirements?  Yes  No  
 What was the maximum weight, the applicant was able to safely lift during the test (in kg)

**LIFTING (WAIST TO SHOULDER X 4 REP/S) LIMIT: 15 KG**

Resting HR  Cease HR 85%  Recovery HR 70%

**Modified Matherson Protocol: Commence testing at 5kg and progress through to final required weight. If HR exceeds 85% at any point during the testing, give 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.**

| Weight (kg) | PH                             | Perform once/hr   | Heavier Weight  | Effort   | Notes                             |
|-------------|--------------------------------|---|---|--|-----------------------------------|
| 5           | <input type="text" value="0"/> | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C<br><input type="checkbox"/> HRE <input type="checkbox"/> HRF | <input type="text" value="Safe"/> |
| 10          | <input type="text" value="0"/> | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C<br><input type="checkbox"/> HRE <input type="checkbox"/> HRF | <input type="text" value="Safe"/> |
| 15          | <input type="text" value="0"/> | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C<br><input type="checkbox"/> HRE <input type="checkbox"/> HRF | <input type="text" value="Safe"/> |

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

Did the applicant meet the full lifting requirements?  Yes  No  
 What was the maximum weight, the applicant was able to safely lift during the test (in kg)

**LIFTING (FLOOR TO OVERHEAD X 2 REP/S) LIMIT: 15 KG**

Resting HR  Cease HR 85%  Recovery HR 70%

**Modified Matherson Protocol: Commence testing at 5kg and progress through to final required weight. If HR exceeds 85% at any point during the testing, give 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.**

| Weight (kg) | PH                             | Perform once/hr   | Heavier Weight  | Effort   | Notes                             |
|-------------|--------------------------------|---|---|--|-----------------------------------|
| 5           | <input type="text" value="0"/> | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C<br><input type="checkbox"/> HRE <input type="checkbox"/> HRF | <input type="text" value="Safe"/> |
| 10          | <input type="text" value="1"/> | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C<br><input type="checkbox"/> HRE <input type="checkbox"/> HRF | <input type="text" value="Safe"/> |
| 15          | <input type="text" value="1"/> | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C<br><input type="checkbox"/> HRE <input type="checkbox"/> HRF | <input type="text" value="Safe"/> |

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

Did the applicant meet the full lifting requirements?  Yes  No

What was the maximum weight, the applicant was able to safely lift during the test (in kg)

**CARRYING (WAIST TO WAIST X 20M X 4 REP/S) LIMIT: 15 KG**

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

| Weight (kg) | PH                             | Perform once/hr   | Heavier Weight  | Effort  | Notes                             |
|-------------|--------------------------------|---|---|---|-----------------------------------|
| 5           | <input type="text"/>           | <input type="radio"/> Yes <input type="radio"/> No            | <input type="radio"/> Yes <input type="radio"/> No            | <input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C<br><input type="checkbox"/> HRE <input type="checkbox"/> HRF            | <input type="text"/>              |
| 10          | <input type="text" value="0"/> | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> AG <input type="checkbox"/> AMR <input type="checkbox"/> C<br><input type="checkbox"/> HRE <input type="checkbox"/> HRF            | <input type="text" value="Safe"/> |
| 15          | <input type="text" value="0"/> | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="checkbox"/> AG <input type="checkbox"/> AMR <input checked="" type="checkbox"/> C<br><input type="checkbox"/> HRE <input type="checkbox"/> HRF | <input type="text" value="Safe"/> |

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

Did the applicant meet the full carrying requirements?  Yes  No

What was the maximum weight, the applicant was able to safely carry during the test (in kg)

**FUNCTIONAL TESTING SUMMARY**

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



**POST TESTING**

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?

Yes  No

Please list these significant health concerns

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?

Yes  No

Please list these significant musculoskeletal concerns

**I CONFIRM THAT THIS ASSESSMENT**

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

Date

Signature

Assessor's Name

Date

Signature

EXAMPLE DOCUMENT ONLY