

## Site Access medical detailed certificate

Name	When strong and program
Date of Birth	P4.03 75W
CS Health reference number	120000
Examination requested by	lehige-ital Messa
Position	Ale transfer
Field of employment	
Examined by	
	0

## **Opinion**

$\boxtimes$	GREEN
П	AMBER

Medically Fit and healthy in relation to the occupational demands of their usual role.

Has a stable medical condition that imposes a restriction on some aspect of their usual role.

Has a medical condition that requires ongoing medical monitoring.

Has a medical condition that will result in an unacceptable safety or health risk or a condition that prevents them from performing the occupational demands of their usual role.

Johnnenis				

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Name :		CS Health Reference No :
Date of last chest x - ray :		
Requires corrective lenses:	Yes	○ No
Periodic Health Assessment :	Attended	Not requested
Orug and Alcohol Test:  Complies with AS / NZ 4308: 2008	Attended	Not requested
unctional Capacity Evaluation  Functional Capacity Evalua		report for full details of performance
☐ Functional Capacity Evalua	tion completed with	imitations - see report for full details of performance
<ul><li>☐ Functional Capacity Evalua</li><li>☒ Not requested</li></ul>	tion not completed -	see report for full details of performance
-		
ignature Medical Officer	Name:	California proprint
	Date :	

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Approved by: Location:

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Original issue date: Current issue date: