CS Health

Site Access medical detailed certificate

Name	
Date of Birth	
CS Health reference number	
Examination requested by	
Position	
Field of employment	
Examined by	

Opinion

☒	**GREEN**	Medically Fit and healthy in relation to the occupational demands of their usual role.
☐	**AMBER**	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.
☐	**RED**	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.

EXAMPLE DOCUMENT ONLY

Comments

CS Health

Name :   **CS Health Reference No :**

Date of last chest x - ray :

Requires corrective lenses :   ● Yes   ○ No

Periodic Health Assessment :   ○ Attended   ● Not requested

Drug and Alcohol Test :   ○ Attended   ● Not requested
- Complies with AS / NZ 4308: 2008

Functional Capacity Evaluation :

☐ Functional Capacity Evaluation completed - see report for full details of performance

☐ Functional Capacity Evaluation completed with limitations - see report for full details of performance

☐ Functional Capacity Evaluation not completed - see report for full details of performance

☒ Not requested

Signature Medical Officer	Name :
	Date :

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

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