# CONFIDENTIAL MEDICAL REPORT

#### SELF EMPLOYED



**VARIOUS** Medical ID:

Requested by:

## **Applicant Details**

**Applicant Name:** Date of Medical:

Gender: Birth Date:

Proposed Position: to be advised Exam Type: Initial Assessment

Project: Date:

# **Drugs Testing**

Negative

BrAC - 0.00%

### **Assessment Result**



A drug and/or Alcohol screen has been performed and is negative. SCRE

### Comments

Drug screen performed on

REVIEWER: Dr Natalie Phillipson (Medical Practitioner)

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