

# Completed Report

Booking ID: XXXX - WORKER NAME

Date of Birth: XX XXX XXXX

Appointment Date: XX XXX XXXX

Job Position:

Business:

Site / Location:

This document, and the information herein is **strictly confidential**  
and is only intended for authorised personnel.

Based on this assessment, the information provided and with careful consideration of the Position Assessment Form, candidate **WORKER NAME** is considered:

## SUITABLE WITH NO FORESEEABLE RESTRICTIONS

to perform the inherent requirements of the Position of

\* IF RESTRICTIONS have been identified, please refer to the text below.

The candidate declared they understood the purpose of the Questionnaire and all the information provided is correct.

The candidate completed this questionnaire at

### Assessment Comments

#### Questionnaire Comments:

#### Assessment Comments:

If you would like further information about this assessment, please contact WHA on 1300 552 722 (in Australia), or +61 4 6242 2400.

This assessment was completed by