QUEENSLAND AMBULANCE SERVICE

Medical Assessment

As part of the Queensland Ambulance Service (QAS) recruitment or clinical placement process, applicants are required to undertake a Medical Assessment.

Steps to completing the Medical Assessment

- Applicants will complete the QAS Medical Assessment Form at their appointment with the QAS approved Medical Provider (KINNECT). If an applicant answers 'yes' to any of the questions contained in section 2 of this form, they must supply additional medical information, as required, in section 3.

PRIVACY INFORMATION

The Queensland Ambulance Service is collecting information on this form to:

- enable an assessment of the applicant's medical fitness to undertake the specified role;
- fulfil its obligations pursuant to the *Work Health and Safety Act 2011*; and
- to assess, so far as is reasonably practical, any inherent risks to the health and safety of the applicant, other employees, or members of the community in performing the role.

The information contained on this form is made available to the QAS approved Medical Provider (KINNECT) for the purposes of undertaking the medical assessment and examination, and authorised delegates within the QAS. You may request a copy of this information at the time of the assessment with the KINNECT Medical Practitioner or by making a request to the QAS Medical Director.

Failure to complete all required sections of this form or to provide all relevant medical information / evidence (where required) may result in delays to the progression of your application.

Part 1 (To be completed by the applicant)

SECTION 1 Applicant Details

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other APPLICANT ID

GIVEN NAMES PREFERRED NAME (not nicknames)

SURNAME DATE OF BIRTH

RESIDENTIAL ADDRESS

POSTAL ADDRESS - Insert 'as above' if same as Residential Address

EMAIL

PHONE HOME WORK MOBILE

GENDER ☐ MALE ☐ FEMALE ☐ OTHER / X

What position are you applying for?

Emergency Medical Dispatcher ☐

Patient Transport Officer ☐

Paramedic (Graduate or Qualified) ☐

Undergraduate Student Paramedic Clinical Placement ☐

Are you an existing Queensland Ambulance Service (QAS) employee? ☐ Yes ☐ No

Have you previously applied for employment with the QAS? ☐ Yes ☐ No

SECTION 2 Health Questionnaire (Please refer to the QAS Medical Standards available on the QAS website)

2.1 Are you currently being treated by a doctor for any injury or illness? ☐ Yes ☐ No

2.2 Do you currently take any prescribed medications? (Eg: sprays, tablets, mixtures, etc.) ☐ Yes ☐ No

2.3	Have you ever had or been told by a doctor that you have had heart disease, chest pain (angina), a heart attack, any condition requiring heart surgery, high blood pressure requiring medication, sustained palpitations or an irregular heart beat?	☐ Yes ☐ No
2.4	Have you ever had or been told by a doctor that you have had any blood disease or disorder?	☐ Yes ☐ No
2.5	Have you ever had or been told by a doctor that you have had any respiratory condition or abnormal shortness of breath?	☐ Yes ☐ No
2.6	Have you ever had or been told by a doctor that you have had any disease of the liver including Hepatitis?	☐ Yes ☐ No
2.7	Have you ever had or been told by a doctor that you have had a hernia (rupture) or hiatus hernia?	☐ Yes ☐ No
2.8	Have you ever had or been told by a doctor that you have had colic or any disease of the bowel?	☐ Yes ☐ No
2.9	Have you ever had or been told by a doctor that you have had dyspepsia or a disease or ulcer of the stomach or duodenum?	☐ Yes ☐ No
2.10	Have you ever had or been told by a doctor that you have had dizziness or fainting spells?	☐ Yes ☐ No
2.11	Have you ever had or been told by a doctor that you have had epilepsy or fits?	☐ Yes ☐ No
2.12	Have you ever had or been told by a doctor that you have had skin cancers?	☐ Yes ☐ No
2.13	Have you ever had or been told by a doctor that you have had migraines or persistent headaches?	☐ Yes ☐ No
2.14	Have you ever had or been told by a doctor that you have had cancer or a tumour of any kind?	☐ Yes ☐ No
2.15	Have you ever had or been told by a doctor that you have had diabetes?	☐ Yes ☐ No
2.16	Have you ever had or been told by a doctor that you have had thyroid disease?	☐ Yes ☐ No
2.17	Have you ever had or been told by a doctor that you have had dermatitis or eczema?	☐ Yes ☐ No
2.18	Have you ever had or been told by a doctor that you have had deafness or a hearing defect?	☐ Yes ☐ No
2.19	Have you ever had or been told by a doctor that you have had a bone injury or fracture?	☐ Yes ☐ No
2.20	Have you ever had or been told by a doctor that you have had a dislocated joint?	☐ Yes ☐ No
2.21	Have you ever had or been told by a doctor that you have had an ankle or knee injury?	☐ Yes ☐ No
2.22	Have you ever been told by a doctor that you have any form of arthritis in your joins?	☐ Yes ☐ No
2.23	Have you ever had or been told by a doctor that you have had a back injury or back pain?	☐ Yes ☐ No
2.24	Have you ever had or been told by a doctor that you have had foot trouble or difficulty wearing shoes?	☐ Yes ☐ No
2.25	Are you currently prescribed or have you ever been prescribed any antidepressant medication, antipsychotic medication, anti-anxiety agents, addiction alleviating medications eg. naltrexone, methadone?	☐ Yes ☐ No
2.26	Do you currently suffer or have ever suffered from any of the following: depression, anxiety disorder, post-traumatic stress disorder, obsessive compulsive disorders, phobias, addictive behaviours (including alcohol, gambling), substance abuse, illicit drug use, attempted suicide, self-harming behaviours, mental illness?	☐ Yes ☐ No
2.27	Have you ever had or been told by a doctor or optometrist that you have had any abnormal vision, requiring you to wear spectacles or contact lenses? If yes, please attach an optometrist report.	☐ Yes ☐ No
2.28	Have you ever had or been told by a doctor that you have had colour blindness?	☐ Yes ☐ No

2.29 Are you allergic to any medication? ☐ Yes ☐ No

2.30 Has your weight altered in the past 12 months? ☐ Yes ☐ No

2.31 Have you undergone any surgery for any reason? ☐ Yes ☐ No

2.32 Have you been advised to have any surgery/medical procedures in the future? ☐ Yes ☐ No

2.33 Have you ever been rejected, deferred or loaded for life insurance? ☐ Yes ☐ No

2.34 Have you ever suffered from any condition or disability which has resulted in lost time from work greater than 2 weeks? ☐ Yes ☐ No

2.35 Have you ever been discharged from employment on medical grounds (includes voluntary or involuntary)? ☐ Yes ☐ No

2.36 Have you ever received a payment in relation to a permanent injury or disability? ☐ Yes ☐ No

2.37 Have you ever been absent from work or full time education through injury or illness for more than one week in the past five years? ☐ Yes ☐ No

2.38 Do you have any physical disabilities? ☐ Yes ☐ No

SECTION 3 Additional Medical Information

If you answered 'yes' to any of the above questions, you **must** supply additional medical information in the following table and provide evidence where available. Evidence may include specialist reports or hospital discharge summaries. Failure to provide this information at the time of assessment may result in unnecessary delays in progressing your application.

(Please attach a separate sheet if space is insufficient)

Question no.	Details of condition/history (Provide a specialist or treating practitioner report if available)	Onset of condition mm/yyyy	Treatment of condition (if any)	Cessation of condition (if applicable) mm/yyyy

SECTION 4 Mandatory Vaccination Requirement (excluding Emergency Medical Dispatcher Applicants)

MANDATORY VACCINATION REQUIREMENT (EXCLUDING EMERGENCY MEDICAL DISPATCHER APPLICANTS)

4.1 Have you provided KINNECT evidence of your immunity to Hepatitis B? ☐ Yes ☐ No

Evidence can be:

- Serology confirms anti-HBs > 10mlU/ml; **or**
- Documented evidence of anti-HBc, indicating past Hep B infection; **or**
- Serology collected >4wks after secondary 3 dose course of Hep B vaccinations confirms individual is a persistent non-responder - with anti-HBs <10IU/ml (must also include evidence of secondary 3 dose course of vaccination with administration dates)

4.2 Have you provided KINNECT evidence of vaccination against Diphtheria, tetanus, pertussis (whooping cough)? ☐ Yes ☐ No

4.3 Have you provided KINNECT evidence of vaccination against Measles, Mumps and Rubella (MMR)? ☐ Yes ☐ No

Evidence can be:

- Positive IgG for MMR; **or**
- Birth date before 1966

4.4 Have you provided KINNECT evidence of vaccination against Varicella (Chicken Pox)? ☐ Yes ☐ No

Evidence can be:

- Positive IgG for Varicella; **or**
- History of Chicken Pox or documentation of physician diagnosed shingles

4.5 Were you born in a country with high incidence of Tuberculosis (TB), or have you resided for a cumulative time of 3 months or longer in a country with a high incidence of TB **or** Have you had direct contact with a person who has had active Tuberculosis? ☐ Yes ☐ No

If yes, have you provided KINNECT evidence of vaccination against Tuberculosis? ☐ Yes ☐ No

Your medical assessment form will not be approved until this evidence is provided to the Queensland Ambulance Service approved Medical Assessor.

SECTION 5 Applicant Declaration

I_____declare that all responses provided within this medical assessment form are true and correct and that I have provided a full and open disclosure of all information requested herein, as it relates to my health and fitness that is relevant for appointment to the role.

I acknowledge and understand that the provision of incorrect, inaccurate or untruthful information relating to my health and fitness may result in cancellation of my application or dismissal from any appointment with the QAS.

Signature of Applicant_____Date_____

SECTION 6 Applicant Disclosure Authorisation

In making the above declaration, I authorise the QAS approved Medical Assessor to disclose to an authorised delegate within the Queensland Ambulance Service, all information concerning my health, fitness and medical history that has been acquired during the course of this medical assessment and I expressly waive all professional confidence.

Signature of Applicant_____Date_____

Part 2 (To be completed by the QAS approved Medical Assessor)

1.1 Respiratory System

Chest Lungs ☐ Normal ☐ Abnormal

If abnormal, please specify _____

1.2 Cardiovascular

Blood Pressure Systolic _____ mmHG

Diastolic _____ mmHG

Pulse Rate _____ ☐ Regular ☐ Irregular

Heart Sounds Normal / Abnormal ☐ Normal ☐ Abnormal

If abnormal, please specify _____

Is there any sign of swelling or oedema? ☐ Yes ☐ No

If yes, please specify _____

1.3 Abdomen ☐ Normal ☐ Abnormal

If abnormal, please specify _____

1.4 Body Mass Index (BMI) (Emergency Medical Dispatcher (EMD) Exempt)

Weight _____ Height _____

BMI _____ $\frac{\text{BMI} = \text{mass (in kilograms)}}{\text{height (in metres)}^2}$

If an individual's BMI exceeds the QAS Medical Standards and he/she believes that it is the result of ethnicity, an abnormal body build or high muscle mass, they will be required to submit evidence based on floatation or body plethysmography tanks, or a skin fold test from a health professional.

1.5 Neurological/Locomotion

Cervical Spine Rotation ☐ Normal ☐ Abnormal

Back Movement ☐ Normal ☐ Abnormal

Upper Limbs Appearance

Joint Movement ☐ Normal ☐ Abnormal

Muscle Tone ☐ Normal ☐ Abnormal

Coordination ☐ Normal ☐ Abnormal

Reflexes ☐ Normal ☐ Abnormal

Lower Limbs Appearance

Joint Movement ☐ Normal ☐ Abnormal

Muscle Tone ☐ Normal ☐ Abnormal

Coordination ☐ Normal ☐ Abnormal

Reflexes ☐ Normal ☐ Abnormal

If abnormal, please specify _____

1.6 Vision

Visual Acuity

Corrected Right_____ Left _____

Uncorrected Right_____ Left _____

Are contact lenses or spectacles worn? ☐ Yes ☐ No

If yes, an optometrist report indicating your corrected and uncorrected vision must be attached. Please note that your optical prescription is not sufficient.

Visual Fields ☐ Normal ☐ Abnormal

Ishihara ☐ Normal ☐ Abnormal

If abnormal, please specify_____

1.7 Hearing ☐ Normal ☐ Abnormal

If abnormal, please specify_____

1.8 Urinalysis

Protein ☐ Normal ☐ Abnormal

Glucose ☐ Normal ☐ Abnormal

1.9 Are there any visible signs of alcohol or other drug abuse? ☐ Yes ☐ No

If yes, please specify_____

SECTION 2 Medical Assessor Declaration

I certify that I have reviewed the QAS medical standards and have completed a medical assessment of the applicant's overall fitness to undertake the role based on these standards. This medical assessment has included a review and exploration of the applicant's stated medical history (as referenced in Part 1, Sections 2, 3, and 4) and a physical examination (as outlined in Part 2).

Name of Medical Officer_____ Date of Examination _____

Stamp of Medical Officer

Medical Officer's Signature _____

Address _____

Phone _____