

HEALTH PRACTITIONER SIGN OFF



Safer Together WA/NT / Occupational Physician Sign Off. v1

OCCUPATIONAL PHYSICIAN TO COMPLETE

Surname:		First Name:	
Date of Birth:		Employer:	
Job Title:		Date of Health Practitioner Fit Slip:	

Specialist Medical Practitioner Declarations:

I am registered with the Australian Health Practitioner Regulatory Authority as a specialist in the field of occupational and environmental medicine.

I have reviewed the Safer Together Fit Slip completed on the date above and the associated Forms and Exam documents in respect of the above-named Worker. This included the following components (Tick all that apply)

Form A*	Form B*	Form C+	Form D*	Exam 1*	Exam 2*	Exam 3*	Exam 4+	Exam 5*	Exam 6
General Health Form	Noise Exposure Questionnaire	Respiratory Protection Questionnaire	Epworth Sleepiness Questionnaire	General Medical Examination	Cardiovascular Risk Score	Epworth Sleepiness Score	Spirometry	Audiometry	Notes

* Required for all offshore / remote / isolated work assessments in NT/WA

+ Required for all Emergency response and Rescue Team assessments and for Tight Seal Respiratory Protection users

I am satisfied that the medical assessment was conducted by AHPRA registered Medical Doctor(s), Nurse Practitioner(s) or Registered Nurse(s) with appropriate training and occupational health experience. Individual components of the assessment may have been completed by technicians competent to conduct those components under the supervision of these practitioners.

I am familiar with and have applied the guidance contained in the *Safer Together Medical Assessment Guideline v1.0*. The WA & NT Remote and offshore work location implementation guide, *OGUK Medical Aspects of Fitness to Work Offshore: Guidance for Examining Physicians and Assessing Fitness to Drive 2016* (as amended up to August 2017) AP-G56-17 NTC / Austroads.

Additional WA / NT Requirements:

I have reviewed the results of a test of cardiovascular fitness and consider that the candidate has adequate cardiovascular fitness for the role (see WA & NT remote and offshore work location implementation guide for assessment requirements)

	Candidate's weight if greater than 115kg (If weight is 115kg or less, then leave blank)		Candidate Bi-deltoid Measurement (cm) (Required for Offshore only)
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Specialist Medical Assessment outcome:

The above-named worker was assessed for their fitness to undertake work of the following types / at the following locations

(Tick all that apply)

- | | |
|--------------------------------|---|
| Remote / Isolated Work | Emergency Response & Rescue Team |
| Offshore Work | T/BOSIET & Compressed Air Emergency Breathing System (CA-EBS) Training |
| Non-remote / Non-Offshore work | Work requiring Self Contained Breathing Apparatus (SCBA) or Tight Seal Respiratory Protection |

The Fitness to Work Medical Assessment identified that for the work indicated above, the Worker is:

- | | | |
|-----|------------------------|-------|
| Fit | Fit, with restrictions | Unfit |
|-----|------------------------|-------|

Restrictions / Comments: (Please provide details, do not include medical information)

Name & Address of Health Practitioner (or Stamp):	Sign Off valid until date of next review on: Note: This date should not be more than 3 years from the date of this assessment but may be sooner if required		
	Signature:		Date of signature: