## **MEDICAL INFORMATION**

Information required to undertake work at Kyeema is in two parts and the following steps are required:

### Part 1: Personal Statement of Medical History

To be completed by staff member or supported employee and taken with you to the medical appointment

**Part 2: Report by Medical Practitioner**

To be taken to medical appointment and filled in by medical practitioner.

Note: Due to varying costs between medical practices please use a medical practice recommended by Kyeema. If you choose to use your own doctor you will be required to pay the difference if the cost is greater than our recommended medical practice.

All documents shall be forwarded to:

Chief Executive Officer

Julie Amor

Kyeema Support Services Inc.

50 Lalor Street

Portland Vic 3305

Part 1 – Statement of Medical history

(this section to be completed prior to attending the medical examination, and taken with you to the appointment)

Full name of person:

Date of Birth:

Home Address:

Name of usual Doctor:

Address of Doctor:

Phone:

Height: Weight:

Do you suffer or have you suffered from any of the following?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Asthma, tuberculosis, or any other lung complaint |  |  |
| Diabetes |  |  |
| Dizzy Spells |  |  |
| Heart condition / Angina / High Blood Pressure |  |  |
| Migraines |  |  |
| Seizures |  |  |
| Cancer or Tumor |  |  |
| Arthritis, back or neck disorder or other muscle, bone or joint disorder |  |  |
| Severe bleeding or blood disorder |  |  |
| Gastric or duodenal, liver or bowel disease |  |  |
| Stones, kidney or urinary disease, incontinence |  |  |
| Blood disorder/infection: AIDS, Hepatitis |  |  |
| Stroke, depression or nervous condition |  |  |
| Sight, speech or hearing disorder |  |  |
| Do you suffer from any other conditions / restrictions not listed above which may affect your work at Kyeema.  (Eg joint problems, which would restrict standing) |  |  |

Please use space for comment or expansion:

Part 1 – Continue Statement of Medical history – to be completed before the medical examination.

Please detail any allergies you may suffer from including triggers, reactions and response.

Date of last tetanus booster:

Do you have any special dietary requirements?

Have you ever smoked? Yes No

If yes, please specify type and daily quantity

Are you currently on medication? Yes No

If yes, please specify medication, dosage and time of day:

#### Part 2 – MEDICAL EXAMINATION

#### (Report by Medical Practitioner)

To Dr

An appointment for

Names:

Male / Female

Height: ………………………………Weight: ……………………..Girth:

Overweight: YES/NO

Physique: Good Average Poor

Vision

|  |  |  |
| --- | --- | --- |
| **Unaided** | **R** | **L** |
| Distant |  |  |
| Near |  |  |
| Corrected |  |  |
| Distant |  |  |
| Near |  |  |

Colour Vision:

Ear examination:

Oral and Dental Status:

Scars and Tattoos:

Varicose Veins: Yes No

Dermatitis: Yes No

Hernia Yes No

If yes what type:

Spinal Movements:

Cervical movements: Good Restricted

Lumbar Movements: Good Restricted

Stiff Joints: Yes No

##### PART 2 - MEDICAL EXAMINATION – continued

Reflexes: Right Arm Left arm

Right Leg Left Leg

Heart size:

Sounds:

Blood Pressure:

Lungs:

Abdomen:

Urine: Albumin Sugar

Glandular Enlargements e.g. goiter, lymph node Yes No

If yes comment

Chest x-ray (Only on request) Audiogram: (Only on request)

Request for to be attached.

Has been made to determine his / her fitness to undertake work at Kyeema Support Services Inc. The duties, which may be undertaken during the work, may include:

Inside / Outside work

Sitting / Standing for extended periods

Repetitive motion

Ability to distinguish colours

Visual Concentration

Manual handling

Bending

Kyeema is an equal opportunity employer. The Equal Employment Act 1984 prohibits discrimination on the ground of sex, race, marital or de facto status, parenthood, physical and mental impairment and religious and political beliefs.

Kyeema Support Services requires you to adhere to the provisions of the Act, and determine only that the person is fit or unfit for the position, based on their physical ability to perform the duties required in the position.

From the examination please report and provide a classification in one of the following categories

I find (name)………………………………………………………………….

(circle appropriate classification):

Class 1: Suitable for the described

Class 2: Suitable for the described duties with a minor medical problem which may need protection (e.g. hearing defect – ear protection).

Class 3: Not suitable for the described duties

Comments and special conditions suggested, if any?

…………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………

**Doctors Signature**…………………………………………….. Date: / /

**Doctor’s Name**…………………………………………………

(please print)

Upon completion Please forward marked “Confidential” to:

The Chief Executive Officer

Kyeema Support Services Inc

PO Box 86

Portland VIC 3305

E-mailed to:

|  |
| --- |
| Chief Executive Officer |
| Julie Amor <julie@kyeema.com.au> |