

<b>POLICY:-</b>	
Policy Title:	Pre – Employment Medical Assessment Policy
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Resolution Number:	411/11
Next Policy Review Date:	2011

<b>PROCEDURES/GUIDELINES:-</b>	
Date procedure/guideline was developed;	
Procedure/guideline reference number:	

<b>RESPONSIBILITY:-</b>	
Draft Policy Developed by:	Human Resources Coordinator
Committee/s (if any) consulted in the development of this policy::	Consultative Committee
Responsibility for implementation:	Director of Finance and Administration
Responsibility for review of Policy:	Director of Finance and Administration

# ULSC Pre Employment Medical Assessment Policy

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### **PURPOSE/OBJECTIVES**

A Pre-Employment Medical Assessment is part of Council's recruitment process and aims to ensure that individuals are placed in positions that will not adversely affect their health and well being, or place other persons in the workplace at risk of harm.

Upper Lachlan Shire Council as an Equal Employment Opportunity employer will in all cases endeavours to accommodate applicants with disabilities whom, by way of merit, are successful in applying for any available position.

In order for Council to identify any possible and equitable work adjustments/needs, Council needs to be aware of the extent of any disabilities.

### **POLICY STATEMENT**

The Pre-Employment Medical Assessment is a tool used by Council and forms part of the recruitment process. Applicants recommended for appointment to positions must be prepared to undertake a Pre- Employment Medical Assessment, to provide all necessary health information to determine their capacity to undertake the inherent job requirements and job demands of the position, and to assist in determining any adjustment needs. All potential new employees are to receive a copy of Councils New Employees Pre Placement Health Assessment Forms. A person must not be appointed to a position before their fitness to carry out the duties of the position has been confirmed by a Pre-Employment Medical Assessment. When engaging staff through a recruitment agency, Council needs to ensure that a Pre-Employment Medical Assessment in line with our specified requirements has been carried out. Fitness to carryout duties includes the ability to carry out those duties without endangering the health and safety of the public, or other people employed in the department and of the person concerned.

### **PRE-EMPLOYMENT MEDICAL ASSESSMENT**

In addition, Council must fulfil its obligations:-

- under the *Occupational Health and Safety Act 2000* to ensure the health, safety and welfare of their employees and other people in the workplace;
- under the *Anti-Discrimination Act 1977 (NSW)* and *Disability Discrimination Act 1992(Commonwealth)* for agencies to provide a workplace and employment opportunities free from unlawful discrimination
- under the *Privacy and Personal Information Protection Act 1998 (NSW)* to ensure that all information provided is only collected for the purpose of carrying out a Pre-employment Medical Assessment

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- under the *State Records Act (NSW) GDA 10* to ensure information is stored, retained and destroyed

### **Definitions**

#### ***Pre-Employment Medical Assessment***

Comprehensive medical and physical examination and appropriate investigations undertaken by a doctor

#### ***Inherent job requirements***

The requirements that is fundamental or essential to the position. These requirements must be determined objectively and cannot depend on the attitude or operational methods of the employer.

Inherent job requirements carry with them associated job demands. Inherent job requirements can be located in the Position Description relating to the position under “*Essential*”.

#### **Legislative Requirements** (where applicable)

Occupational Health and Safety Act 2000;

Anti-Discrimination Act 1977 (NSW)

Disability Discrimination Act 1992 (Commonwealth)

Privacy and Personal Information Protection Act 1998 (NSW)

NSW State Records Act 1998

Workplace Injury Management Workers Compensation Act 1998 No. 86

#### **Reason for Pre-Employment Medical Assessments**

The Pre-Employment Medical Assessment is conducted:-

- to determine the candidates ability to meet the physical requirements of the position applied for;
- to enable the best applicant to carry out the requirements of the job;
- to ensure senior management commitment to a healthy and safe workplace;
- to ensure employment by merit; and
- to ensure fair and transparent employment processes.

#### **Results of Pre-Employment Medical Assessments**

The results of all Pre-employment Medical Assessments are confidential. The relevant Practitioner will fax the results through to Human Resources Coordinator immediately after the assessment is completed.

The Human Resource Coordinator consults with the department manager and the OHS & R Coordinator to review the Pre-medical assessment. The Human Resource Coordinator will then contact the Selection Panel Chairperson and advise of the results.

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Medical Assessments of candidates are placed on the recruitment files. Once the applicant has been appointed, then they are transferred to personal files. The personal files are kept in accordance with the NSW State Records Act 1998 – Local Government Records – GDA 10.

In the event that more than one Pre-Employment Medical Assessment is carried out for a position, the unsuccessful applicant(s) medical assessment(s) are placed on recruitment files and destroyed after 6 months as per the State Records Act 1998 – Local Government Records – GDA 10.

### **If Medical Assessments indicate an applicant is unfit to perform the duties of the position**

If the medical practitioner determines that the duties of the position could present a risk to the applicant's occupational health, safety and welfare, or poses a risk to others, the following action is to be taken:-

- Whenever necessary and within the bounds of privacy and confidentiality, Council's OHS&R Coordinator is to confer with the medical practitioner to clarify any specific concerns and whether modification of the duties, or the manner in which the duties are performed, is feasible in the professional opinion of the medical practitioner.
- The Supervisor/Manager is then to examine the job concerned and consider what reasonable modifications could be made to the duties of the position, the equipment used, the work environment etc. The results of this examination and the Supervisor/Manager's recommendations are to be recorded in writing and returned to Council's OHS&R Coordinator.
- Council's OHS&R Coordinator will again confer with the medical practitioner to determine whether the proposed modifications would enable the employee to perform the duties of the position. If the medical practitioner concurs, then the job modifications are to be affected and the appointment is to proceed. A Return to Work Plan for the modification or permanent modifications to the position, will outline the requirements for the candidate to follow and will be drafted in consultation with the Managers and OHS Unit.
- If the medical practitioner determines that, despite the proposed modifications, the applicant would be unable to perform the duties of the position, the applicant is to be notified by the Human Resource Coordinator and the appointment, upon direction of the Human Resource Manager is to be offered to the next most meritorious candidate or re-advertised.

### **Action to be taken if the medical assessment indicates Industrial Deafness**

If there is a level of 6% or higher binaural loss, the applicant must lodge a claim against their last noisy employer. (Refer to "*Workplace Injury Management Workers Compensation Act 1998 (No. 86, Section 65, No. 1)*")

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*“If there is no entitlement to compensation under section 66 of the 1987 Act for a loss of hearing because of section 69A of the 1987 Act (No compensation for less than 6% hearing loss) notice of injury given in accordance with section 62 suffices (for the purposes of this section) as a claim for the compensation concerned”.*

(Note: If the legislation changes, then the level of hearing loss will reflect the change).

If the medical practitioner determines, in their professional opinion, that a hearing loss is attributable to previous employment, then it will need to be a condition of employment that the job applicant lodge a claim for Workers Compensation with their last noisy employer within one month before becoming an employee of Council.

The applicant would also need to submit evidence of claim/documentation indicating Workers Compensation claim had been lodged with last noisy employer prior to commence with Upper Lachlan Shire Council

If the hearing loss is not associated with previous employment and it has been determined that the applicant could perform the duties required in the position, Council will provide services or facilities needed in order for that person to carry out the position.

### **Disability**

As part of the obligations under the *Anti-Discrimination Act 1997 (NSW)* and *Disability Discrimination Act 1992*, Council must ensure that any applicants with a disability are assessed using any service or facility they routinely use to perform the inherent job requirements and job demands of a position e.g. if an applicant uses a prosthesis, then the aid should be used during the assessment.

Council can use many forms of adjustments in the workplace to reduce or eliminate the effects of a disability upon a person's ability to carry out the requirements of the job.

The nature of adjustment required needs to be determined in consultation with the person concerned and not be based on generalisations about particular disabilities. Such an approach acknowledges that there are variations between individuals with particular types of disability, as to the degree of disability experienced by them as well as other characteristics, such as skills, qualifications and experience.

### **Adjustments**

If a health assessment determines that an applicant or employee is capable of performing the inherent job requirement and job demands of the position only if an adjustment is made to the way the duty is performed or by way of work related service or facility, Council will be informed of what adjustments are necessary to allow the person to be able to perform that particular inherent requirement.

A permanently modified Return to Work Plan will be drafted in accordance with the recommendations of the Doctor, in consultation with the Supervisor, Candidate and OHS Unit.

### **Appeal Process**

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Where an applicant is dissatisfied with recommendations in respect to their capacity to perform the inherent job requirements and job demands of the position, with or without adjustments, an appeal may be lodged. The applicant may wish to discuss the matter with the medical practitioner – Occupational Physician or seek another medical opinion from an Occupational Physician.

Where an applicant wishes to seek another medical opinion, this will need to be paid for by the applicant.

This process will need to be undertaken within 5 working days from the date the applicant was informed of the results of the first Pre-Employment Medical Assessment.

### **ASSOCIATED COUNCIL POLICIES AND DOCUMENTS**

*Code of Conduct*

*Grievance Policy*

*EEO Policy*

*Interaction between Councillors and Staff Policy*

*New Employees Pre Placement Health Assessment Forms*

This policy shall be reviewed annually to ensure that it meets the requirements of legislation and the needs of Council.

### **VARIATION**

Council reserves the right to vary or revoke this policy.

# *Upper Lachlan Shire Council*

## *New Employees Pre Placement Health Assessment Forms*

## *Upper Lachlan Shire Council*

### New Employees Pre Placement Health Assessment

#### SECTION A – MEDICAL HISTORY

To be completed by employee and presented to Medical Examiner for Inspection along with Section B

**Date:** .....

**Surname:** ..... **Other Names:**.....

**Address:** .....

**Date of Birth:** ..... **Place of Birth:** .....

**Proposed Occupation:** .....

#### OCCUPATIONAL HISTORY

Previous Employers	Length of Employment	Industry Type	Position

Have you ever worked with (Please tick):-

Dust	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heat	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Noise	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Radiation	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you ever had problems working with chemicals?      Yes ☐      No ☐



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Have you ever had trouble with wearing gloves or any other personal protective equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you being treated by any doctor for any illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you taking any medicines, tablets or other treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you allergic to anything?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever spent time in hospital (including operations)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had a blood transfusion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever broken or fractured any bones?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When was your last remembered tetanus injection:	_____ years	
Has your weight altered much in the last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you, in the last 2 years, lost time from work because of illness or injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had a disease or injury at work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you suffer with your back or neck?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had lumbago, sciatica or fibrosis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you ever get aches or pains in your muscles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you suffer from or have you ever suffered from RSI, occupational overuse syndrome, tennis elbow or Tenosynovitis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you smoke now?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, were you a smoker	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How many years	_____	
Do you now or have you ever suffered:-		
Tuberculosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rheumatic Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hay Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wheezing/asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fits, Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart trouble, chest pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Palpitations or irregular heartbeats	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blackouts, fainting attacks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Frequent or migraine Headaches	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yellow Jaundice (Hepatitis)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back pain, back injury, sciatica	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Murmurs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High blood pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Arthritis, painful joints	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stomach/duodenal ulcers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Passing or vomiting blood	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hernia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Earache or discharging ears	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other joint injuries or conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dermatitis/eczema	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Head injury or concussion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Foot trouble, difficulty wearing shoes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Malaria, other tropical diseases	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eye trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loss of hearing	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Should council have any concerns to employ you for the work that you will be undertaking within the position description? Yes ☐ No ☐

I hereby certify that the foregoing particulars are to the best of my knowledge correct. I authorise the examining doctor to release any information acquired from this history and examination or other examinations to appropriate officers of the Company.

**Signed:** ..... **Date:** .....

**THIS COMPLETED FORM MUST BE PRODUCED TO THE EXAMINING PHYSICIAN AT YOUR MEDICAL EXAMINATION.**

## NEW EMPLOYEE PRE PLACEMENT HEALTH ASSESSMENT

Name: .....

### SECTION B - MEDICAL EXAMINATION

(To be completed by the Examining Physician)

Height: _____	<b>Urine:</b> Protein	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Weight: _____	Blood	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Sugar	Yes <input type="checkbox"/>	No <input type="checkbox"/>

#### Visual Activity

Aided:	Left <input type="checkbox"/>	Right <input type="checkbox"/>
With contact Lens/spectacles	Left <input type="checkbox"/>	Right <input type="checkbox"/>
Colour Vision (where applicable) Normal:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

#### Skin

Evidence eczema/dermatitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other abnormality	Yes <input type="checkbox"/>	No <input type="checkbox"/>

#### Respiratory System

Sinus abnormality	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Symmetrical chest expansion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Abnormal sounds	Yes <input type="checkbox"/>	No <input type="checkbox"/>

#### Cardiovascular System

Blood pressure - Normal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pulse- Normal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cardiac enlargement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart sounds normal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Peripheral pulses present	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Varicose veins	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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## **Alimentary System**

Hernia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mouth & pharynx	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Abnormality of Liver	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spleen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kidney	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## **Audiometry**

Audiogram required Yes ☐ No ☐

Abnormal/noise loss/other cause/mixed loss/normal

## **Locomotor Nervous System**

Spinal Scoliosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SLR	Left <input type="checkbox"/>	Right <input type="checkbox"/>
Spinal Movements: Cervical .....		
Lumbar .....		
Co-ordination normal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Muscle tone normal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Joint movement - upper limbs normal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- lower limbs normal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Specific joint abnormalities .....		
Reflexes normal	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## **Glandular - Lymph Glands**

Enlarged lymph glands	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Thyroid abnormality	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other .....		

Have you sighted Section A completed by the applicant? Yes ☐ No ☐

If yes, do you have any comment(s) .....

.....

.....

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## Placement Recommendations

The abovementioned is considered suited to the following duties:

- |     |   |                              |                             |
|-----|---|------------------------------|-----------------------------|
| 1.  | Machinery operation   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.  | Heavy manual work   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.  | Light manual work   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4.  | Professional motor vehicle driving                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5.  | Working in dusty conditions with adequate respiratory protection    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.  | Working in noisy conditions (85db) with adequate hearing protection | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.  | Sedentary bench work  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8.  | Keyboard work   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9.  | Chemical handling with adequate protection                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Administrative/Office Clerical Work                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Any other comments? .....

.....  
.....  
.....

The examining doctor wishes it known that the purpose of this examination and the consequent opinions expressed are in the interest of prevention of industrial injury by the proper placement of employees in those positions best suited to their physical capabilities. This examination is not for the purpose of determining the success or otherwise of this person's application of employment.

Please print name of medical examiner: .....

Date: ..... Signed: .....

**Medical Examiner**

Location of Medical Facility where examination performed \_\_\_\_\_