

# Wetherill Park Occupational Health Practice

## Occupational Medical Assessment – General

Name: Mr Daniel Moussa	
Date of assessment: 10/4/2017	
Employer: BARRELTECH AUST PTY LTD	
Proposed position / occupation: TRUCK DRIVER	
Contact person: GREG LAFFAN	
Phone: 0426719826	Fax:

The above person was found to be:

- Fit for all duties  
 Fit for duties with the following restrictions (specified below)

Comments:

### Mobility & Dexterity

	Yes	No
Physical fitness adequate for duties.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Strength & dexterity adequate .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Can lift and load within legal limits.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Can kneel, crouch & climb.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Applicant aware of safe lifting procedures.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Physical suitability

	Yes	No
No detectable predisposition to musculoskeletal injury.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vision adequate for duties.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Capable of tasks involving repetitive work .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Hazard tolerance

	Yes	No
No significant susceptibility detected to noise, heat and dust.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### General

Doctor finds nothing in the medical history or examination which adversely affects any of the above abilities or unduly predisposes to accident or injury from the proposed position.....  **Correct**  **Incorrect**

Signed:	Date: 10/4/2017
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Medical examiner

Doctor's stamp:

**Dr Nathan Zhou**  
 Provider No. 215992DB  
 Wetherill Park Occupational Health Practice  
 447B Victoria Street  
 WETHERILL PARK NSW 2164  
 Ph: (02) 9756 1344 Fax: (02) 9756 1799

In case there is any doubt, the examining doctor hereby makes it clear that the purpose of this examination is for the general purpose of minimising occupational injury by ensuring that employees are not placed in positions beyond their physical capabilities. This assessment does not purport to comment on the suitability of the candidate for the position in other respects. Nor does it warrant the candidate's physical fitness for the duration of the employment since the examination is necessarily based on information available at the time.

## Hearing Assessment Report

Wetherill Park Occupational Health Prac

Daniel MOUSSA  <p style="text-align: center;">NSW</p>	DOB: 17/07/1996      Age: 20      Sex: Male Tel:      Cost centre:      Shift: File Num:
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Entered: 10/04/2017    Status: Applicant      Commencement Date:      Years employed:  
 Department:      Company: BARRELTECH  
 Occupation:      Address:  
 Comments:

Previous Employers	Medical history (as of last test)
1- 2- 3-  Military service: <input type="checkbox"/> Years: History of hearing troubles: <input checked="" type="checkbox"/> Comments: Grommets as a child R ear	Noisy Hobbies: <input type="checkbox"/> Prev 16 hours: <input type="checkbox"/> Dizziness: <input type="checkbox"/> Cold hayfever: <input type="checkbox"/> Ringing ears: <input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/> Worked in a noisy environment: <input type="checkbox"/> Exposure to explosive/gun fire: <input type="checkbox"/>

Hearing Test	
Date tested: 10/04/2017	Age at test: 20
Test Type: Baseline Test	
Period of quiet before test:	
Protection worn before test: <input type="checkbox"/>	
Protection usually worn: <input type="checkbox"/>	
Currently has ear ache?: <input type="checkbox"/>	
Type of protection worn:	Class: 0
Work group	Class:
Audiometer: OSCILLA	Calibrated: AUG 2016
	Serial No: 10628

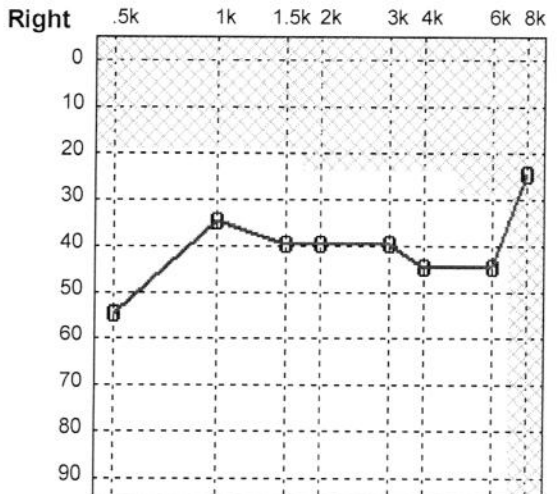
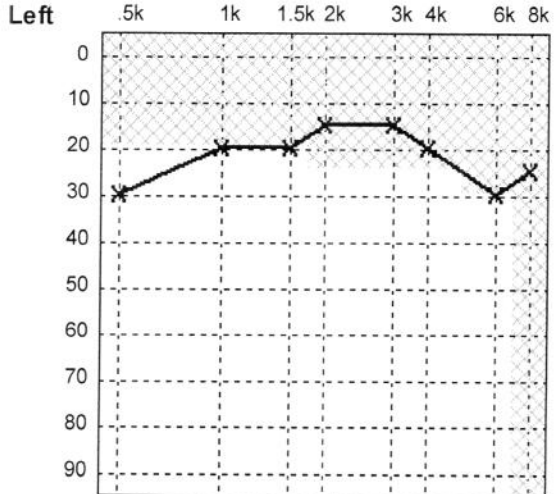
	.5k	1k	1.5k	2k	3k	4k	6k	8k	Hz
Left	30	20	20	15	15	20	30	25	dB
Right	55	35	40	40	40	45	45	25	dB

Visual exam	Hearing Test	% Loss	Binaural
Left	Abnormal	4.2	12.4
Right	Abnormal	34.8	

% Loss age corrected, NAL Tables 1988

Spirometry	FCV	FEV1	Ratio	FEF	PEF



Commercial vehicle driver criteria Left: 20.0dB Right 42.5dB - Pass      Train driver test: - Pass

Comments:

Actions	Further actions
Hearing loss claim: <input type="checkbox"/>	Next test:      Next training:

Tested by: JESSICA SIAMANDO Approval #:      Date: 10/04/2017      Signed

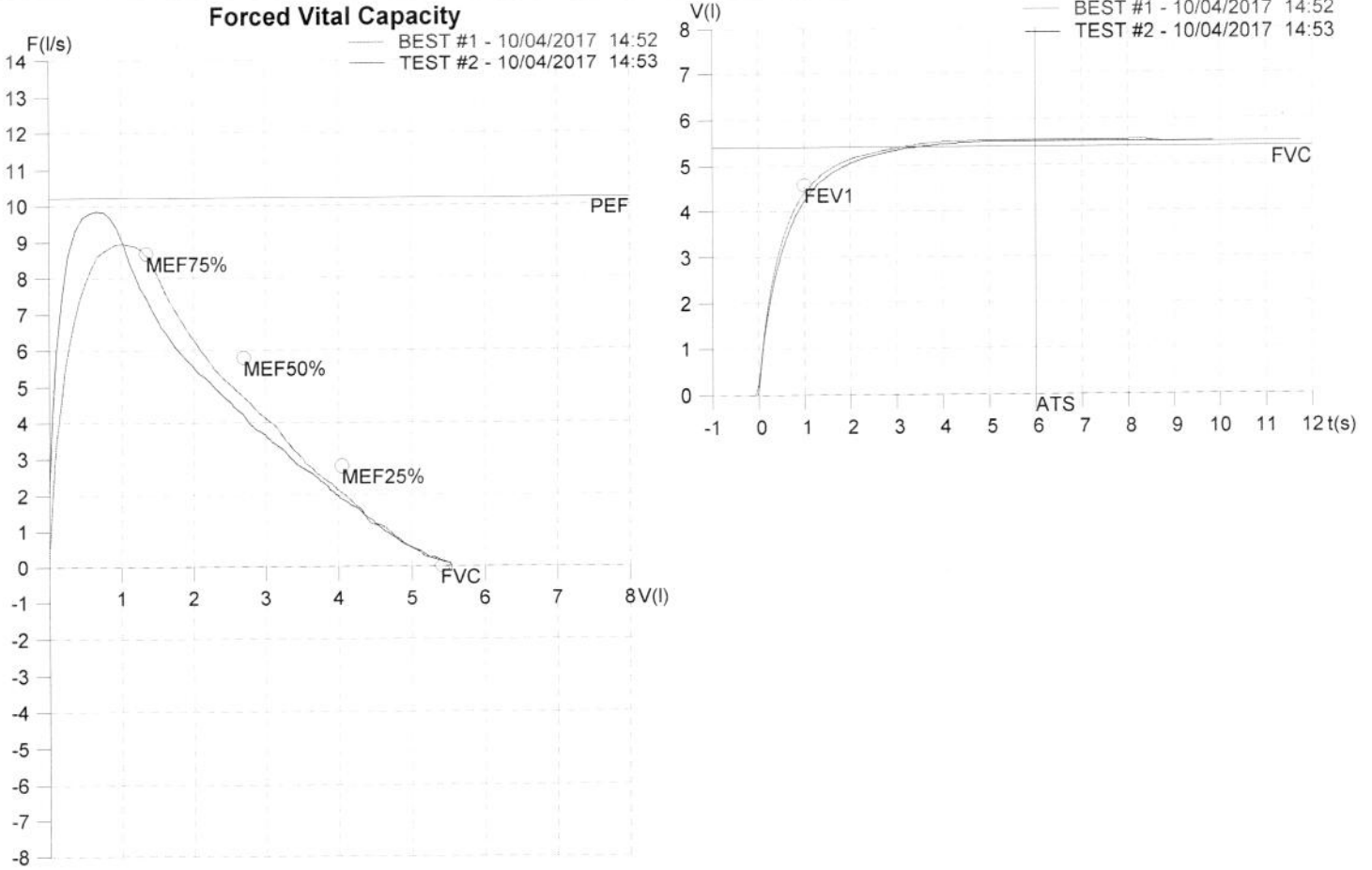


**WETHERILL PARK OCCUPATIONAL HEALTH PRACTICE**  
**447B VICTORIA STREET, WETHERILL PARK**  
**Tel: (02) 9756 1344, Fax: (02) 9756 1799**

**Last Name:** MOUSSA  
**First Name:** Daniel  
**ID:**  
**Date:** 10/04/2017  
**Predicted:** ERS 93

**Date of Birth:** 17/07/1996  
**Sex:** Male  
**Ethnic Corr.:** Caucasian  
**Description:**  
**Company:**

**Age:** 20  
**Weight (Kg):** 102.0  
**Height (cm):** 178.0  
**BMI (Kg/m<sup>2</sup>):** 32.2  
**Smoke:** Ex(1/7)



Parameter	UM	Description	Pred.	BEST#1	%Pred.	TEST#2	%Pred.
Best FVC	l(btps)	Best Forced Vital Capacity	5.39	5.59	104	5.59	104
FVC	l(btps)	Forced Vital Capacity	5.39	5.57	103	5.59	104
FEV1	l(btps)	Forced Exp Volume in 1 sec	4.58	4.39	96	4.28	93
PEF	l/sec	Peak Expiratory Flow	10.22	8.95	88	9.84	96
FEV6	l(btps)	Forced Exp Volume in 6 sec	5.62	5.55	99		
PIF	l/sec	Peak Inspiratory Flow		0.13			
FEV1/FVC%	%	FEV1 as % of FVC	83.6	78.9	94	76.5	92
FEV6/FVC%	%	FEV6 as % of FVC		99.8			
FEV1/FEV6%	%	FEV1 as % of FEV6		79.1			
FEF25-75%	l/sec	Forced mid-expiratory flow	5.29	3.90	74	3.54	67
MEF75%	l/sec	Max Exp Flow @ 25% FVC	8.67	8.55	99	7.14	82
MEF50%	l/sec	Max Exp Flow @ 50% FVC	5.78	4.54	79	4.00	69
MEF25%	l/sec	Max Exp Flow @ 75% FVC	2.79	1.86	67	1.75	63
FET100%	sec	Forced Expiratory Time		8.0		4.9	

**Diagnosis:**  
 Normal Spirometry

Printed 10/04/2017  
 PFT Suite 10.0a

# Wetherill Park Occupational Health Practice

## Urine Drug Screen

I give consent for Wetherill Park Occupational Health Practice Doctors and / or nurses to perform testing, and / or send to the pathology laboratory, the urine specimen provided by me here today.  
I understand that this sample will have testing performed on it to detect the presence of drugs in the urine.  
The specimen provided will be collected to comply with the Australian Standard AS/NZ 4308:2008.

I understand that this includes testing for:-

1. Methadone
2. Opiates (Heroin, morphine, codeine)
3. Amphetamines
4. Cocaine
5. Marijuana, Cannabis (THC)
6. Methamphetamines
7. Benzodiazepines

I give Wetherill Park Medical Practice permission to provide the results of this testing to my employer / prospective employer or authorised representative.

I am taking the following medications (prescription & non-prescription)

.....

.....

Signed: D. Mousa Date: 10/11/17

Print name: Daniel Mousa DOB: 17/07/1996

**ADULTERATION TEST STRIP: PASSED / NOT PASSED: Specimen temp: 35°C**

Results

	Detected	Not Detected	Cut off		Detected	Not Detected	Cut off
Amphetamines		/	300ng/ml	Methamphetamines		/	300ng/ml
Opiates/ Methadone		/	300ng/ml	Benzodiazepine		/	200ng/ml
Cocaine		/	300ng/ml	Cannabis(THC)		/	50ng/ml

LOT NO: DOA 6050215 EXP: 2018.03 Examiners signature: [Signature]

ID Confirmation Source: D/L no: 20918907 Photo Id No: .....

Passport..... Expiry Date: 04.11.2017

N2

[Signature]