

Wetherill Park Occupational Health Practice

Occupational Medical Assessment – General

Name: Mr Sk Masrul Islam	
Date of assessment: 21/12/2016	
Employer: BARRELTECH	
Proposed position / occupation: DRIVER	
Contact person: GREG LAFFAN	
Phone: 0426 719 825	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

	Correct	Incorrect
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.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Signed:	Date: 21/12/2016
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Doctor's stamp: Medical examiner
Dr Clarence Foo
Provider No. 26688BH
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

Sk Masrul ISLAM <div style="text-align: right; padding-right: 20px;">NSW</div>	DOB: 10/07/1992 Tel: File Num:	Age: 24 Cost centre:	Sex: Male Shift:
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Entered: 21/12/2016	Status: Applicant	Commencement Date:	Years employed:
Department:	Company: BARRELTECH		
Occupation:	Address:		
Comments:			

Previous Employers 1- 2- 3- Military service: <input type="checkbox"/> Years: History of hearing troubles: <input type="checkbox"/> Comments:	Medical history (as of last test) 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"/> Worked in a noisy environment: <input checked="" type="checkbox"/> Exposure to explosive/gun fire: <input type="checkbox"/>
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Hearing Test
 Date tested: 21/12/2016 Age at test: 24
 Test Type: Baseline Test
 Period of quiet before test:
 Protection worn before test:
 Protection usually worn:
 Currently has ear ache?:
 Type of protection worn: _____ Class: 0
 Work group: _____ Class:
 Audiometer: OSCILLA Calibrated: AUG 2016
 Serial No: 10628

Air test

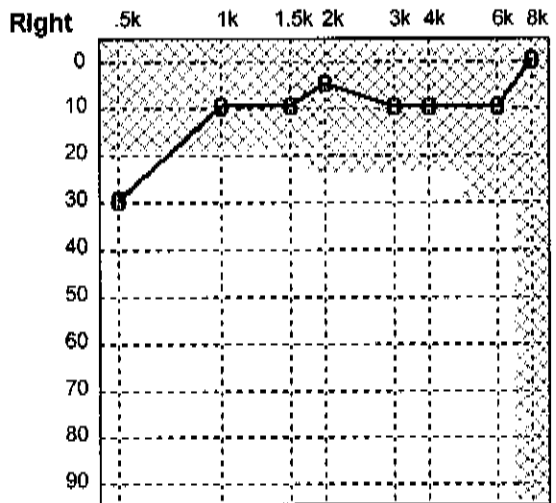
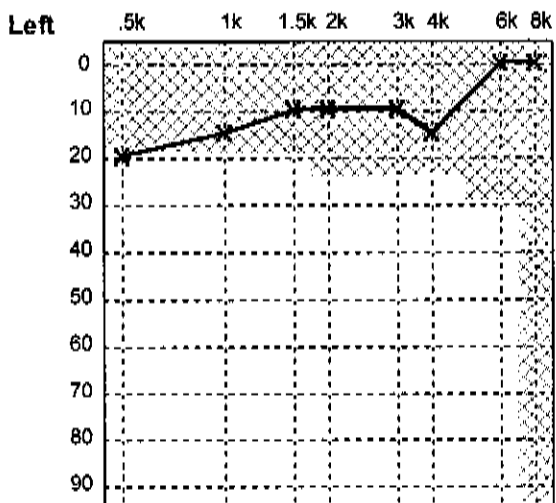
	.5k	1k	1.5k	2k	3k	4k	6k	8k	Hz
Left	20	15	10	10	10	15	0	0	dB
Right	30	10	10	5	10	10	10	0	dB

	Visual exam	Hearing Test	% Loss	Binaural
Left		Normal	0.6	1.4
Right		Abnormal	2.8	

% Loss age corrected, NAL Tables 1988

Spirometry

FCV	FEV1	Ratio	FEF	PEF



Commercial vehicle driver criteria Left: 13.8dB Right: 13.8dB - Pass Train driver test: - Pass

Comments:

Actions Hearing loss claim: <input type="checkbox"/>	Further actions Next test: _____ Next training: _____
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Tested by: JESSICA SIAMANDO Approval #: _____ Date: 21/12/2016 Signed _____



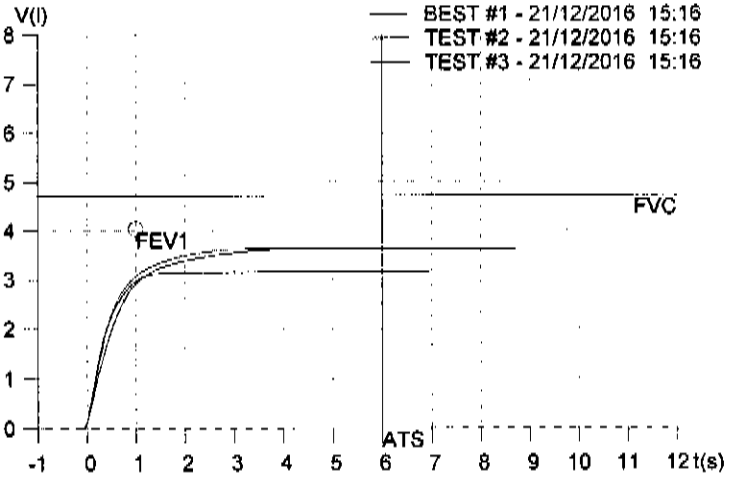
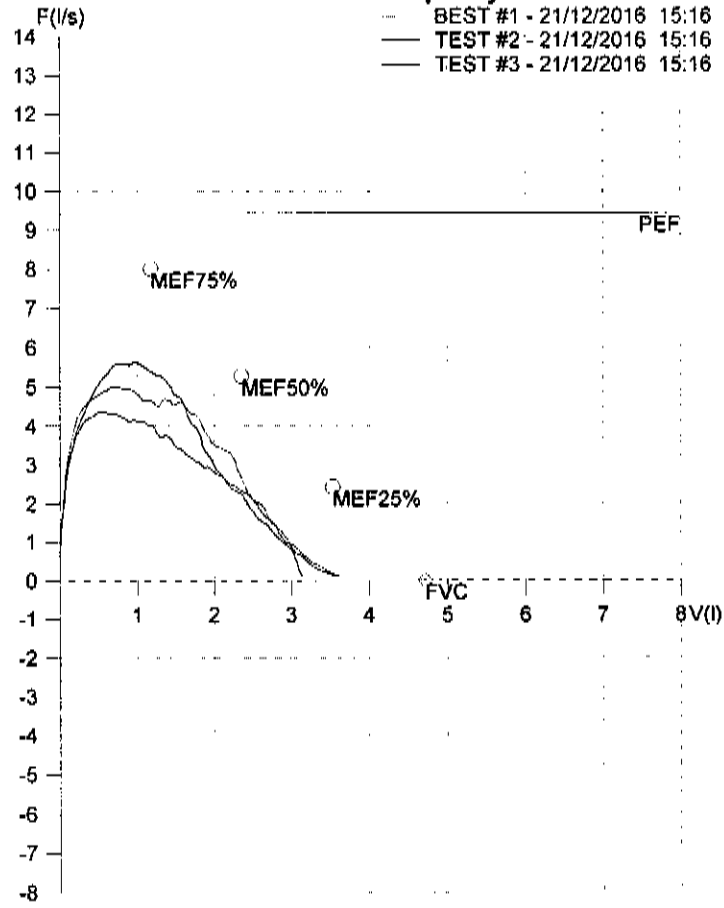
WETHERILL PARK OCCUPATIONAL HEALTH PRACTICE
447B VICTORIA STREET, WETHERILL PARK
 Tel: (02) 9756 1344, Fax: (02) 9756 1799

Last Name: ISLAM
First Name: Sk Masrul
ID:
Date: 21/12/2016
Predicted: ERS 93

Date of Birth: 10/07/1992
Sex: Male
Ethnic Corr.: Caucasian
Description:
Company:

Age: 24
Weight (Kg): 65.0
Height (cm): 168.0
BMI (Kg/m²): 23.0
Smoke: Yes(3/18)

Forced Vital Capacity



chest clear - technical

Parameter	UM	Description	Pred.	BEST#1	%Pred.	TEST#2	%Pred.	TEST#3	%Pred.
Best FVC	l(btps)	Best Forced Vital Capacity	4.71	3.64	77	3.64	77	3.64	77
FVC	l(btps)	Forced Vital Capacity	4.71	3.64	77	3.64	77	3.17	67
FEV1	l(btps)	Forced Exp Volume in 1 sec	4.04	3.06	76	2.91	72	2.96	73
PEF	l/sec	Peak Expiratory Flow	9.43	5.01	53	4.36	46	5.63	60
FEV1/FVC%	%	FEV1 as % of FVC	82.9	84.0	101	79.8	96	93.4	113
FEF25-75%	l/sec	Forced mid-expiratory flow	4.93	3.36	68	2.81	57	3.81	77
MEF75%	l/sec	Max Exp Flow @ 25% FVC	8.01	4.94	62	4.12	51	5.59	70
MEF50%	l/sec	Max Exp Flow @ 50% FVC	5.27	4.09	78	3.05	58	4.68	89
MEF25%	l/sec	Max Exp Flow @ 75% FVC	2.42	1.63	67	1.56	64	2.20	91
FET100%	sec	Forced Expiratory Time		3.5		3.7		2.0	
LungAge	years	Lung Age		55		60		58	

Diagnosis:
 Suspected restrictive abnormality: Restrictive abnormality: Mild

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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:-

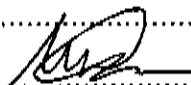
1. Methadone
2. Opiates (Heroin, morphine, codeine)
3. Amphetamines
4. Cocaine
5. Marijuana, Cannabis (THC)
6. Methamphetamines
7. Benzodiazepines

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)

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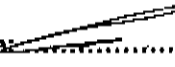
.....

Signed:  Date: 21-12-16
Print name: SK Masrul Islam DOB: ~~25-12-16~~ 10-07-1992

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: DOA6030284 EXP: 2017.12 Examiners signature: 

ID Confirmation Source: D/L no: 18921415 Photo Id No:

Passport: Expiry Date: 16.03.2018