

Wetherill Park Occupational Health Practice

Occupational Medical Assessment – General

Name: Mr Nikola Kuzmanovski	
Date of assessment: 13/3/2017	
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

	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: 13/3/2017
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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

Nikola KUZMANOVSKI
NSW

DOB: 07/04/1983 Age: 33 Sex: Male
Tel: Cost centre: Shift:
File Num:

Entered: 13/03/2017 Status: Applicant Commencement Date: Years employed:
Department: Company: BARRELTECH
Occupation: Address:
Comments:

Previous Employers

1-
2-
3-
Military service: Years:
History of hearing troubles:
Comments:

Medical history (as of last test)

Noisy Hobbies: Prev 16 hours:
Dizziness: Cold hayfever:
Ringing ears: :
:
Worked in a noisy environment:
Exposure to explosive/gun fire:

Hearing Test

Date tested: 13/03/2017 Age at test: 33
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

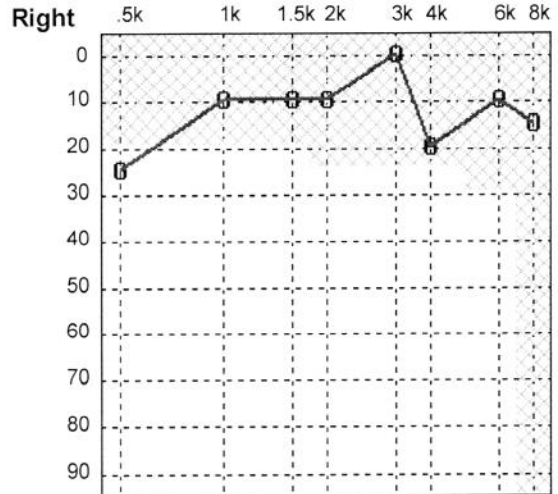
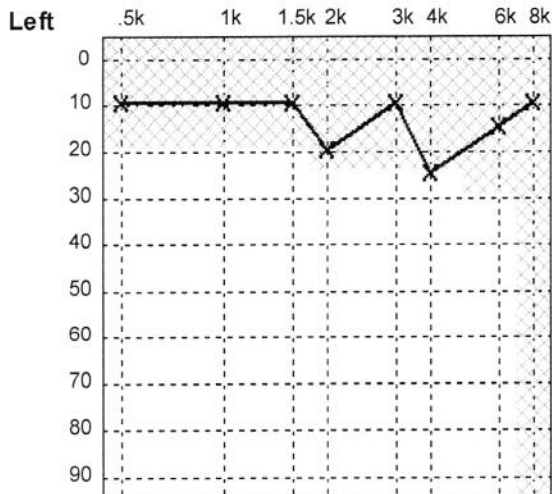
	.5k	1k	1.5k	2k	3k	4k	6k	8k	Hz
Left	10	10	10	20	10	25	15	10	dB
Right	25	10	10	10	0	20	10	15	dB

	Visual exam	Hearing Test	% Loss	Binaural
Left		Normal	0.8	1.1
Right		Abnormal	1.4	

% Loss age corrected, NAL Tables 1988

Spirometry

FCV	FEV1	Ratio	FEF	PEF



Commercial vehicle driver criteria Left: 12.5dB Right: 11.3dB - Pass Train driver test: - Pass

Comments:

Actions

Hearing loss claim:

Further actions

Next test:

Next training:

Tested by: JESSICA SIAMANDO Approval #:

Date: 13/03/2017 Signed

NIKOLA KUZMANOVSKI ID: N.K
 Sex: Male Age: 33
 Factor: 100(Caucasian)
 Height: 168cm Weight: 80kg BMI: 28.3
 Smoking: 11-20 per day

Turbine Transducer

(* is for auto best; ^ for manual best)

	FEV1	FVC	FEV1/FVC	PEF	Var	Warning	Time:
Base Date:	13/03/17						
Base	2.96	4.02	73.6	210	-8%	Poor effort	05:40
Base	3.38	4.12	82.0	418	-1%	Short blow	05:40
Base	3.34	4.30	77.7	420	*	Short blow	05:41

Variation is based on FEV1 + FVC.

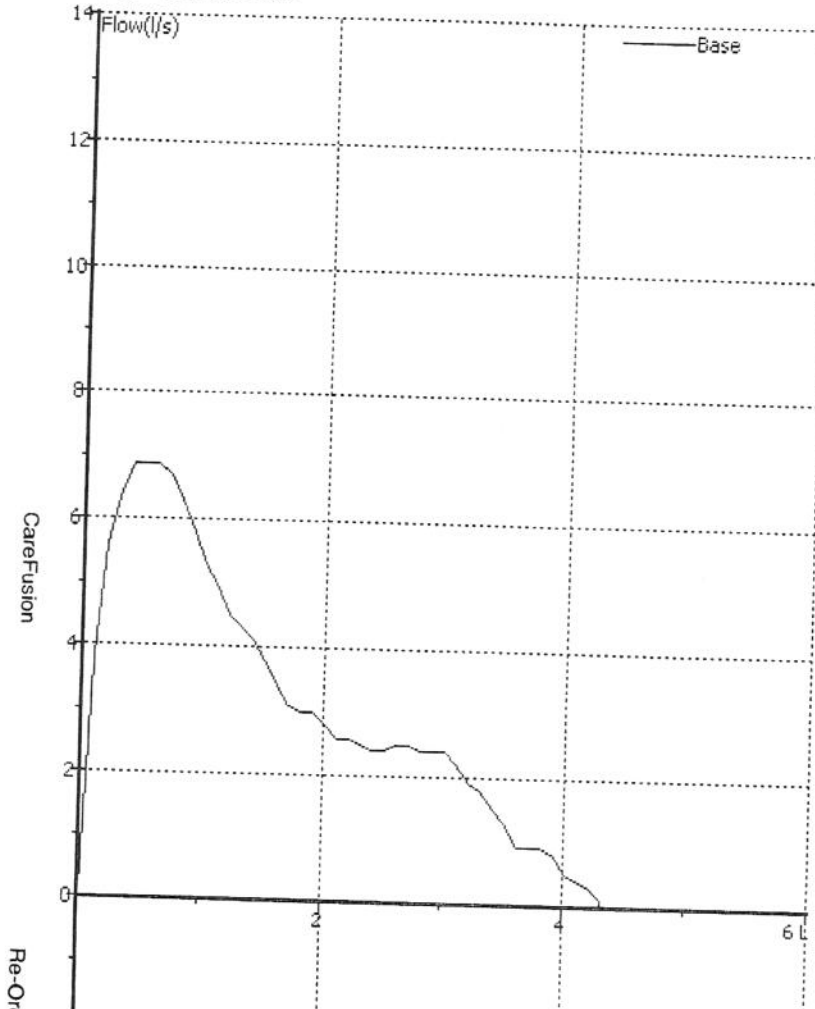
ATS/ERS Quality Criteria (Forced):
 Base: Not Met. Need 1 more good blow(s).

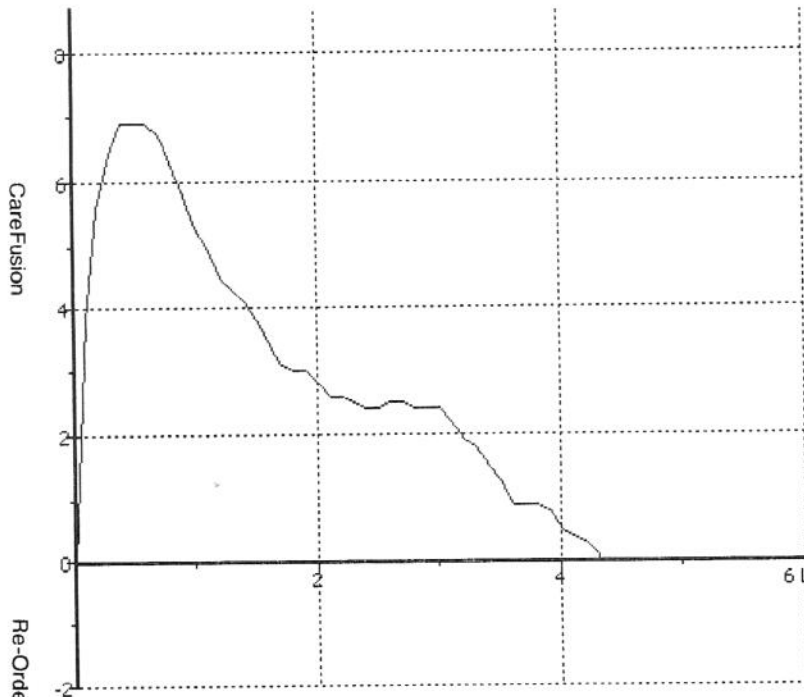
Best Spirometry Result:

	Base	%Pr	Min	Pred	Max	Post	%Pr	%Chg
FEV1	3.34	91	2.87	3.69	4.51			
FVC	4.30	93	3.79	4.61	5.43			
PEF	420							
FEV1/FVC	78	98	68	79	91			
FEF25	5.17							
FEF50	2.55							
FEF75	1.84							
FEF25-75	2.71							
FET	3.2							

Lung Age 43yrs
 Interpretation (Enright): Normal Spirometry.

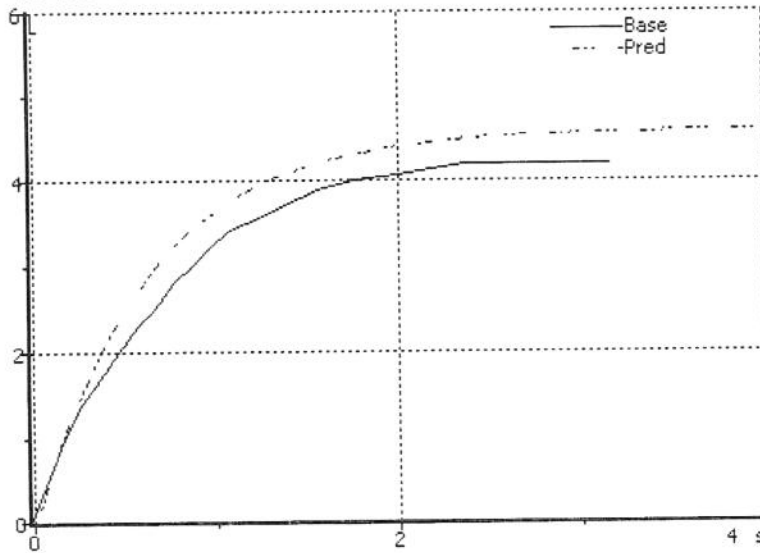
Flow Volume Loop





Re-Order Code: 36 - PSA1600

Volume Time Curve



Normal Values: ECCS (Adult);
Zapletal, Solymar, Cogswell (Child)
Results at BTPS.

NR

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..... *NA* Date *13/3/17*

Print name: *NIKOLA KUZMANOVSKI* DOB: *7/4/1983*

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

Results

	Detected	Not Detected	Cut off		Detected	Not Detected	Cut off
Amphetamines		<input checked="" type="checkbox"/>	300ng/ml	Methamphetamines		<input checked="" type="checkbox"/>	300ng/ml
Opiates/ Methadone		<input checked="" type="checkbox"/>	300ng/ml	Benzodiazepine		<input checked="" type="checkbox"/>	200ng/ml
Cocaine		<input checked="" type="checkbox"/>	300ng/ml	Cannabis(THC)		<input checked="" type="checkbox"/>	50ng/ml

LOT NO: *DOA6080251* EXP: *2018.4* Examiners signature: *[Signature]*

ID Confirmation Source: D/L no: *13402104* Photo Id No:

Passport..... Expiry Date..... *07.07.2018*