

Wetherill Park Occupational Health Practice

Occupational Medical Assessment – General

Name: Mr Gagandeep Sharma	
Date of assessment: 20/3/2017	
Employer: BARRELTECH AUST PTY LTD	
Proposed position / occupation: 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

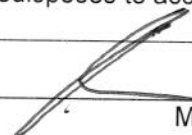
	Yes	No
No detectable predisposition to musculoskeletal injury.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vision adequate for duties.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Capable of tasks involving repetitive work	<input checked="" type="checkbox"/>	<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: 20/3/2017
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Doctor's stamp:

Medical examiner
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

Gagandeep SHARMA <p style="text-align: center;">NSW</p>	DOB: 04/12/1989 Age: 27 Sex: Male Tel: Cost centre: Shift: File Num:
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Entered: 20/03/2017 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 type="checkbox"/> Comments:	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"/>

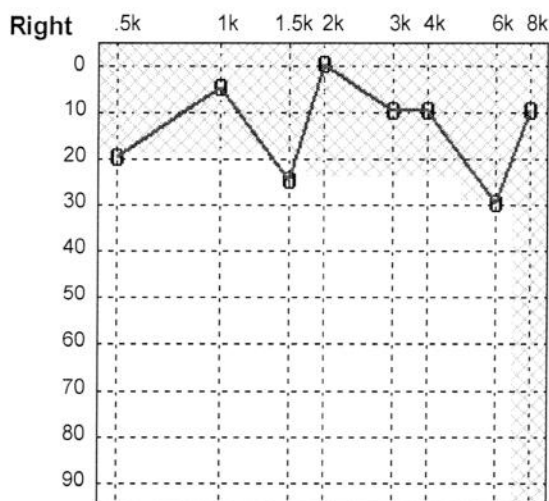
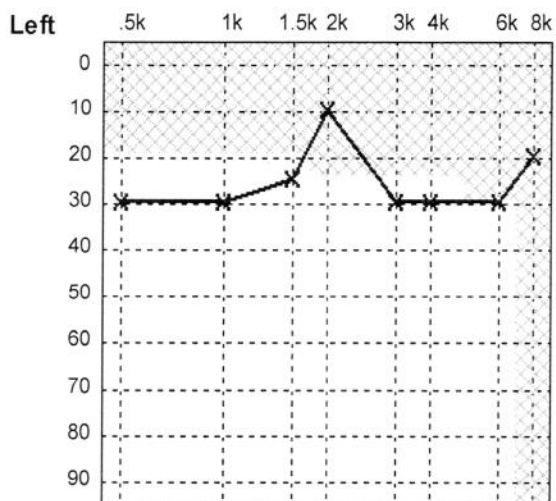
Hearing Test	
Date tested: 20/03/2017	Age at test: 27
Test Type: Baseline Test	
Period of quiet before test:	
Protection worn before test: <input type="checkbox"/>	
Protection usually worn: <input type="checkbox"/>	
Currently has ear ache?: <input type="checkbox"/>	
Type of protection worn: Class: 0	
Work group Class:	
Audiometer: OSCILLA Calibrated: AUG 2016	
	Serial No: 10628

	.5k	1k	1.5k	2k	3k	4k	6k	8k	Hz
Left	30	30	25	10	30	30	30	20	dB
Right	20	5	25	0	10	10	30	10	dB

	Visual exam	Hearing Test	% Loss	Binaural
Left		Abnormal	9.9	4.8
Right		Abnormal	2.0	

% Loss age corrected, NAL Tables 1988

Spirometry	FCV	FEV1	Ratio	FEF	PEF



Commercial vehicle driver criteria Left: 25.0dB Right: 8.8dB - Pass Train driver test: - Pass

Comments:

Actions	Further actions
Hearing loss claim: <input type="checkbox"/>	Next test: 20/03/2019 Next training: 20/03/2021

Tested by: ANDREW VICTOIRE Approval #: Date: 20/03/2017 Signed

ALZ



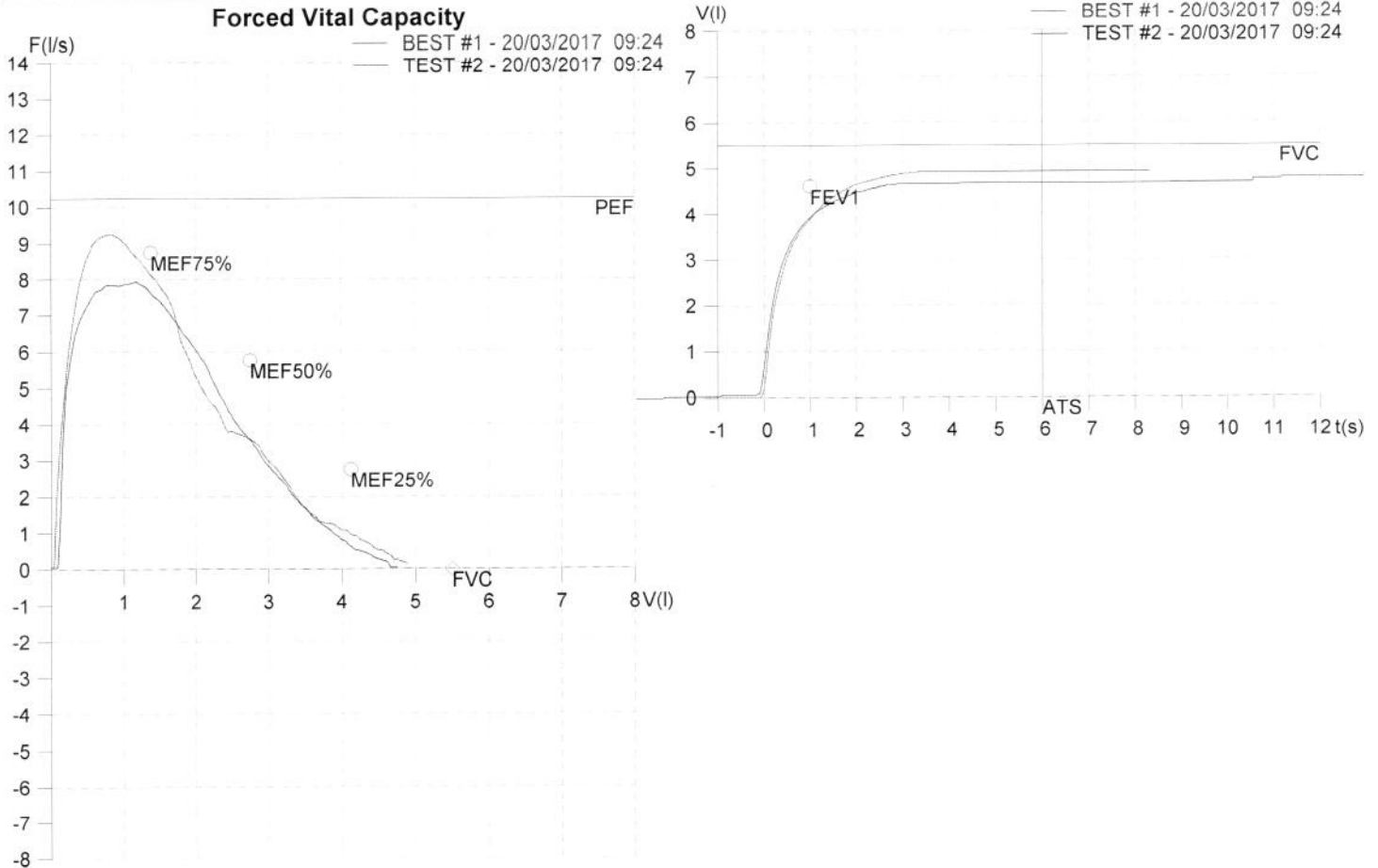
WETHERILL PARK OCCUPATIONAL HEALTH PRACTICE
447B VICTORIA STREET, WETHERILL PARK
 Tel: (02) 9756 1344, Fax: (02) 9756 1799

Last Name: SHARMA
First Name: gagandeep
ID:
Date: 20/03/2017
Predicted: ERS 93

Date of Birth: 4/12/1989
Sex: Male
Ethnic Corr.: Caucasian
Description:
Company:

Age: 27
Weight (Kg): 93.0
Height (cm): 183.0
BMI (Kg/m²): 27.8
Smoke: Yes(1/4)

Technician: andrew



Parameter	UM	Description	Pred.	BEST#1	%Pred.	TEST#2	%Pred.
Best FVC	l(btps)	Best Forced Vital Capacity	5.50	4.95	90	4.95	90
FVC	l(btps)	Forced Vital Capacity	5.50	4.95	90	4.81	87
FEV1	l(btps)	Forced Exp Volume in 1 sec	4.60	3.90	85	3.93	85
PEF	l/sec	Peak Expiratory Flow	10.23	9.26	91	7.93	78
FEV6	l(btps)	Forced Exp Volume in 6 sec	5.81			4.70	81
FEV1/FVC%	%	FEV1 as % of FVC	82.3	78.7	96	81.7	99
FEV6/FVC%	%	FEV6 as % of FVC				97.7	
FEV1/FEV6%	%	FEV1 as % of FEV6				83.7	
FEF25-75%	l/sec	Forced mid-expiratory flow	5.09	3.47	68	3.72	73
MEF75%	l/sec	Max Exp Flow @ 25% FVC	8.74	8.57	98	7.93	91
MEF50%	l/sec	Max Exp Flow @ 50% FVC	5.75	3.77	66	4.67	81
MEF25%	l/sec	Max Exp Flow @ 75% FVC	2.73	1.38	50	1.53	56
FET100%	sec	Forced Expiratory Time		3.3		11.2	

Diagnosis:

Normal Spirometry

Printed 20/03/2017
 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..... Gagan Sheer Date 20-3-17
Print name: Gagandeep Sheerme DOB: 04-12-1989

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: DOAG080251 EXP: 04/18 Examiners signature: [Signature]

ID Confirmation Source: D/L no: 20A0A291 Photo Id No:

Passport..... Expiry Date 07 JUL 2019

N2
[Signature]