



Bulk Vessel Inspections – Medical assessment report

Australian plant exports

The Department of Agriculture, Fisheries and Forestry has a duty of care to provide a safe work environment and protect the health and safety of workers. Workers similarly have a duty of care for their own safety and that of the people they work with. Medical assessment of fitness for work is one aspect of meeting this duty of care.

The primary objective of medical assessments is to ensure that people are fit to perform specified job functions, and to anticipate, and where possible prevent, the avoidable occurrence of ill-health which could place individuals, their work colleagues and emergency personnel at risk.

The purpose of this medical assessment is to determine whether a person applying to become a Plant Exports authorised officer for the purpose of bulk vessel inspections, is medically fit to perform the job functions and associated requirements outlined in **Attachment 1**.

Medical conditions may impinge on work in the following areas:

- The condition may limit, reduce or prevent an individual from performing the job function effectively (e.g. loss of mobility and dexterity);
- The condition may be made worse by the job (e.g. an asthmatic exposed to allergens on a vessel that has carried grain);
- The condition may make it unsafe for the person to do the job (e.g. liability to sudden loss of consciousness whilst transferring from berth to a vessel);
- The condition may make it unsafe both for the individual and other crew (e.g. possible transmission of an infectious disease);
- The condition, if it worsens, is one which may require emergency evacuation for medical treatment (e.g. gastric ulcer haemorrhage); or
- The condition may impair the person's ability to comply with or effectively undertake tasks during an emergency situation.

It is recognised that not all potentially impairing medical situations are identified in this report, and therefore it is important that all possible consideration is given to the wide range of medical, physical and psychological circumstances that can arise whilst performing inspections on vessels.

Instructions:

1. Applicant completes **Part A**
2. Applicants books a medical assessment with a Registered Health Practitioner (RHP).
3. Applicant gives this whole report form to their RHP for completion of **Parts B and C** at their medical assessment.
4. RHP completes **Parts B and C** and reads the conditions in **Part D**.
5. Applicant provides completed **Part C ONLY** to the department.
6. Applicant reads the conditions in **Part D**.
7. Applicant and RHP retain all parts of this report for a minimum of 30 years (including x-rays and ECGs).



Part A: Applicant self-assessment

Applicant's Details

Full name

Date of birth

Home address

Daytime phone number

Details of your usual doctor

Full name

Practice

Practice address

Telephone number

Advice to the applicant

What you should bring to the medical appointment:

- This form with **Part A** completed
- Photographic proof of identity (driver's licence or passport)
- Glasses or contact lenses if used
- Details of any prescribed or over the counter medication/s currently being taken
- Any relevant medical reports, results of medical tests, x-rays or other information that you have available.

If, once appointed as an authorised officer, you are injured, become ill or due to any other cause are no longer fit to perform the job function and associated requirements outlined in **Attachment 1** of this report, you must advise the department in writing of the circumstances within 2 weeks of them occurring, by emailing the following address: PlantExportTraining@agriculture.gov.au

Please tick Yes or No in each column to indicate if you have previously had or presently have any of the following.

	Yes	No		Yes	No
Heart disease or condition	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal heart rhythm	<input type="checkbox"/>	<input type="checkbox"/>	Incontinence or difficulty passing urine	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	Wheeziness, bronchitis or asthma	<input type="checkbox"/>	<input type="checkbox"/>
Chest or abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	Attack of unconsciousness, weakness, dizziness or turns	<input type="checkbox"/>	<input type="checkbox"/>
High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Swelling of the ankles	<input type="checkbox"/>	<input type="checkbox"/>



	Yes	No		Yes	No
Shortness of breath, collapsed lung or persistent cough	<input type="checkbox"/>	<input type="checkbox"/>	Any other respiratory disease or condition	<input type="checkbox"/>	<input type="checkbox"/>
Biomedical implants	<input type="checkbox"/>	<input type="checkbox"/>	Nervous system diseases or disorders	<input type="checkbox"/>	<input type="checkbox"/>
Liver, kidney or bladder disease or disorder or	<input type="checkbox"/>	<input type="checkbox"/>	Neurological diseases or disorders	<input type="checkbox"/>	<input type="checkbox"/>
Any significant infection (e.g. HIV/AIDS, pneumonia, hepatitis)	<input type="checkbox"/>	<input type="checkbox"/>	Immune system diseases or disorders	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes, thyroid or endocrine disease	<input type="checkbox"/>	<input type="checkbox"/>	Migraine, persistent or frequent or severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
Appendicitis or hernia	<input type="checkbox"/>	<input type="checkbox"/>	Deafness or hearing problems	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Eye disease or sight issues	<input type="checkbox"/>	<input type="checkbox"/>
Bowel disease or disorder	<input type="checkbox"/>	<input type="checkbox"/>	Do you use vision or hearing aids?	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy, fits, faints or blackouts	<input type="checkbox"/>	<input type="checkbox"/>	Skin disease (e.g. dermatitis, eczema or psoriasis)	<input type="checkbox"/>	<input type="checkbox"/>
Fear of heights or a fear of enclosed or confined spaces	<input type="checkbox"/>	<input type="checkbox"/>	Allergy to serum, drug, medicine or vaccine (e.g. penicillin, anaesthetic) and/or other allergy (e.g. hayfever)	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal results from a blood or other medical test	<input type="checkbox"/>	<input type="checkbox"/>	Excessive or abnormal bleeding, varicose veins, blood disease or disorder (e.g. anaemia or leukaemia)	<input type="checkbox"/>	<input type="checkbox"/>
Been admitted to hospital for surgery or as a result of injury	<input type="checkbox"/>	<input type="checkbox"/>	Nasal or sinus trouble	<input type="checkbox"/>	<input type="checkbox"/>
Gout or ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Back, spinal or neck injury	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis including osteo-arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Joint damage, pain or injury	<input type="checkbox"/>	<input type="checkbox"/>
Bowel disease or disorder	<input type="checkbox"/>	<input type="checkbox"/>	Pain or abnormal feeling in an arm or leg	<input type="checkbox"/>	<input type="checkbox"/>
Gall bladder disease or condition	<input type="checkbox"/>	<input type="checkbox"/>	Bone fracture/s	<input type="checkbox"/>	<input type="checkbox"/>
Hip, knee or joint replacement	<input type="checkbox"/>	<input type="checkbox"/>	Mental illness or nervous condition	<input type="checkbox"/>	<input type="checkbox"/>
Any type of cancer, tumour or malignancy	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>
Any infectious diseases, including sexually	<input type="checkbox"/>	<input type="checkbox"/>	Coughing up sputum or blood	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive strain injury, tennis elbow or tendonitis	<input type="checkbox"/>	<input type="checkbox"/>	Severe tooth or gum trouble	<input type="checkbox"/>	<input type="checkbox"/>
Speech difficulties or impediments	<input type="checkbox"/>	<input type="checkbox"/>	Any obstetric or gynaecological problems	<input type="checkbox"/>	<input type="checkbox"/>



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Please provide details if you have answered 'Yes' to any item in the table above:

Are you taking any prescribed or over-the-counter medication that may impact on your ability to perform the job function, or that would be important for the department to know about in the event of an emergency situation? If yes, please provide details (medication names and dosage).

Do you smoke or have you ever smoked? If so, what do/did you smoke, how long have you/did you smoke for, how often do/did you smoke, and what volume (e.g. 1 pack of cigarettes per day)

Do you drink alcohol? If yes, please specify what type (e.g. beer, wine, spirits), number of times per week? Quantity each day? For how many years?

Do you do regular exercise? If yes, please specify what type, how many times a week, for how long each session?

Have you ever been hospitalised? If so, please provide details – when, duration, cause

What current vaccinations do you have? Please provide evidence e.g. letter from your health provider.



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Are you currently pregnant? YES / NO

Is there any family history of heart, lung or kidney disease, high blood pressure, stroke, cancer or diabetes? If yes, please complete the following and include parents, brothers, sisters, grandparents, aunts and uncles:

Relationship	Alive? Y/N	Age (current or when died)	Disease/cause of death

Have you ever received workers' compensation? If so, please specify - Part/s of body involved, approximate date of injury/condition.

If so, did you receive a lump sum settlement?

If so, did you receive a final medical clearance?

Are you aware of any circumstances regarding your health or capacity to work that may interfere with your ability to perform the duties of the job function and associated requirements outlined in attachment 1? If yes, please provide details and outline what adjustments you may need to perform the job function.



Statement by applicant (clearly print full name)

I

- Declare that the information furnished herein is true and correct in every particular.
- Authorise the release of all my previous medical records from any registered health practitioner, health institutions and public authorities to the doctor performing this medical assessment.
- State that there are no circumstances regarding my health which may interfere with the satisfactory discharge of the duties of the job function and associated requirements outlined in attachment 1 of this report. I state that there are no circumstances regarding my health

- I understand that giving false or misleading information is a serious offence (*Criminal Code Act 1995*, Division 137.1).

Name of applicant

Signature of applicant

Date



Part B: Registered Health Practitioner Assessment

Registered Health Practitioner's Details

Full name

Practice

Practice address

Telephone number

Applicant's Details

Full name

Date of birth

Home address

Daytime phone number

Instructions:

The person presenting this report form (the applicant) is applying to the Department of Agriculture, Fisheries and Forestry to perform work on behalf of the department in accordance with export legislation.

A prerequisite for this application is obtaining medical clearance. You are requested to assess the applicant against the following medical criteria, which have been developed

to align with the job functions the applicant has applied to perform. The job functions and associated requirements are outlined in **attachment 1**.

Please complete **Part B** in conjunction with the applicant, then complete **Part C: Registered Health Practitioner's Information and Findings** and read **Part D: Conditions of this report**.

Basic requirements:

- Blood pressure
- Vision including colour
- Height
- Weight
- Doctor review of medical history questionnaire (see Part A)
- Doctor review:
 - Peripheral vision
 - Oral and ear
 - Respiratory
 - Cardiovascular
 - Abdominal
 - Skin
 - Nervous system



Additional requirements:

- Musculoskeletal assessment – an evaluation of the condition and function of a worker's musculoskeletal health, lifting and climbing capabilities, and any injuries that may impact on their ability to safely perform the inherent requirements of their job; and
- Spirometry assessment (air flow) – measure the degree of airflow obstruction and assess for asthma, chronic obstructive pulmonary disease (COPD) or other lung/respiratory conditions or diseases.

Please provide any test documents (e.g. ECG tracing, x-ray reports) to the applicant.

Please advise the applicant if you would like them to provide a blood or urine sample, or undertake an ECG test.

Height and weight

Height (without shoes):	cm	Weight:	kg	Body mass index:	
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Vision

	Unaided		Aided	
	Right Eye	Left Eye	Right Eye	Left eye
Distant				
Near				

Colour vision

Ishihara Test - # of Errors:	Acceptable/Not Acceptable
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Cardiovascular

Pulse:	beats per min
Rhythm:	beats per min
Blood pressure readings:	Systolic: Diastolic:
Heart sounds/apex beat:	Normal / Abnormal
Is there any evidence or history of the applicant taking antihypertensive medication?	Yes / No
Does the applicant suffer from oedema or varicose veins?	Yes / No
Are carotid/peripheral pulses normal?	Yes / No
Are you satisfied that the cardiovascular system is clinically within normal limits?	Yes / No



Respiratory

Breath sounds:	Normal / Abnormal
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Spirometry

	Actual	Predicted	% Predicted
FEV			
FVC			
FEV/FVC			

Medical Assessment

	Normal	Abnormal
Head		
Mouth and teeth		
Cardiovascular system (including peripheral veins)		
Lungs and chest		
Heart		
Abdomen and viscera (including hernia)		
G-U system		
Lymph nodes		
Thyroid		
Eyes		
Ear, nose, throat and mouth		
Skin		
Varicose veins		
CNS (including balance and coordination)		
Endocrine system		
Musculoskeletal system		
Cervical spine		
Upper limbs and extremities		
Lower limbs and extremities		
Thoraco-lumbar spine		
Sacral spine		
Coccyx		



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Behaviour and appearance during the assessment		
Neurologic		
Psychiatric		

Please comment on any items the applicant answered 'Yes' to in Part A and any abnormal findings you observed during the medical assessment:

Declaration by the Registered Health Practitioner

I,

Declare that:

- The information furnished herein is true and correct in every particular; and
- I understand that giving false or misleading information is a serious offence (*Criminal Code Act 1995*, Division 137.1).

Full name

Signature

Date



Part C: Registered Health Practitioner's Information and Findings

Applicant's Details

Full name

Date of birth

Home address

Daytime phone number

Applicants proof of identity (passport or
licence number)

Registered Health Practitioner's Details

Practitioner's name

Practice name

Practice address

Phone number

Email

Registration number

Declaration by the Registered Health Practitioner

I,

- Declare that the information furnished herein is true and correct in every particular;
- Understand that giving false or misleading information is a serious offence (Criminal Code Act 1995, Division 137.1;
- I am satisfied as to the identity of the applicant;
- I attest to the true state of the applicant's health; and
- I determine that the applicant is:
☐ medically fit to perform the job function and associated requirements outlined in **Attachment 1**;

OR

☐ not medically fit to perform the job function and associated requirements outlined in **Attachment 1**. Please outline the reasons for your opinion below:

Signature

Date



Part D: Conditions of this Report

1. This report is valid from the date of issue for a period of 1 year unless the applicant is, through injury, illness or any other cause, no longer fit to perform the job function and associated requirements outlined in attachment 2 of this report.
2. A registered Health Practitioner may issue this Report for less than the relevant validity period (see Part D.1) if they consider that appropriate.
3. 'Registered Health Practitioner' means the General Practitioner who the applicant regularly sees for medical issues.

Privacy Notice

'Personal information' is defined in the *Privacy Act 1988* (Privacy Act) and includes information or an opinion about an identified, or reasonably identifiable, individual.

The Department of Agriculture, Fisheries and Forestry collects your personal information (as defined by the Privacy Act) in relation to this form for the purposes of determining your eligibility for appointment as a plant exports authorised officer for the *Export inspection of empty bulk vessels* job functions and related purposes. If you fail to provide some or all of the personal information requested in this form, we will be unable to process your application.

The department may disclose your personal information to other Australian government agencies, persons or organisations where necessary for the above purposes, provided the disclosure is consistent with relevant laws, in particular the Privacy Act. Your personal information will be used and stored in accordance with the Australian Privacy Principles.

See the departments [Privacy Policy](#) to learn more about accessing or correcting personal information or making a complaint. Alternatively, telephone the department on +61 2 6272 3933.



Attachment 1: Job function and associated requirements – Inspection of empty bulk vessels at berth

The applicant will be performing inspections of empty bulk vessels. They will perform physically demanding tasks on a moving platform, and good mobility, agility, balance, coordination and general physical ability are required to minimise the risk of injury.

Task	Related physical ability	The medical assessor should be satisfied that the candidate:
<i>Routine movement around vessel:</i> <ul style="list-style-type: none">• on moving deck• between levels and compartments	<ul style="list-style-type: none">• maintain balance and move with agility• climb up and down gangways, vertical ladders, steel rungs and stairways• step over coamings	<ul style="list-style-type: none">• has no disturbance in sense of balance• does not have any impairment or disease that prevents relevant movements and physical activities• is, without assistance, able to<ul style="list-style-type: none">○ climb gangways, vertical ladders and stairways○ step over high sills
<i>Routine tasks on board:</i> <ul style="list-style-type: none">• overhead work and work involving body mechanics• respond to alarms, warnings and instructions• verbal communication• identify and collect specimens• identify and control hazards on and below deck• work in natural light and below deck with a torch• alert to changes in machinery vibration (machines), and movements of other vessels• alert to changes in weather and sea conditions	<ul style="list-style-type: none">• strength, dexterity and stamina to handle items and collect specimens in extreme weather and sea conditions• reach upwards• agility and flexibility to move around vessel and move body to bend, twist, stretch• stand, walk and remain alert for the duration of an inspection (up to 8 hours)• visually distinguish objects, shapes, signals, and writing• hear and understand warnings and instructions• give a clear spoken description• stay upright if vessel is pitching or rolling	<ul style="list-style-type: none">• does not have a defined impairment or diagnosed medical condition that reduces ability to perform routine duties essential to their safety and that of their work colleagues• has adequate physical fitness to cope with extreme temperatures• has no disturbance in sense of balance• has ability to:<ul style="list-style-type: none">○ work with arms raised○ bend, twist, stretch and apply pressure to scrape material off steel surfaces○ stand and walk for the duration of an inspection (up to 8 hours)



<ul style="list-style-type: none">• alert to movements and position of crew• write reports and documents• work in conditions involving rolling and pitching of vessel• inspect holds and other vessel areas• work at high temperature, humidity, and/or in extreme cold• wear and use PPE (e.g. steel cap boots, hard hat, water proof clothing and use fall arrest system (e.g. harnesses)• read signage, diagrams, charts/weather maps, labels/markings	<ul style="list-style-type: none">• adequate physical fitness to cope with environmental conditions• fine motor skills to handle items and scrape material off steel surfaces	<ul style="list-style-type: none">○ demonstrate adequate eyesight, hearing, and fine motor skills○ wear and use PPE○ hold normal conversation○ identify a hazard and the capacity to do something to manage the hazard
<p><i>Response in emergency situations:</i></p> <ul style="list-style-type: none">• Identify visual and auditory alarms• escape• evacuation• firefighting	<ul style="list-style-type: none">• take part in vessel evacuation procedures• take part in fire-fighting tasks, including use of breathing apparatus, firefighting hoses and extinguishers• don a lifejacket or immersion suit• escape from smoke-filled spaces• fit through escape hatches• distinguish different and respond to visual and auditory alarms• distinguish coloured light alarms• give/take instructions and make decisions• remain calm in an emergency situation	<ul style="list-style-type: none">• does not have a defined impairment of diagnosed medical condition that reduces ability to perform emergency tasks• has ability to:<ul style="list-style-type: none">○ don lifejacket or immersion suit○ crawl○ feel for differences in temperature○ handle firefighting equipment○ wear breathing apparatus○ hear and see alarms○ self-regulate emotional affect in an emergency situation○ fit through an escape hatch○ communicate clearly