Medical assessment form

Pre-employment

The **applicant** needs to take the relevant supporting documentation, as specified below, together with this assessment form to the treating doctor.

For **teaching positions,** please take the relevant Job Profile.
For **school administrative and support staff (SASS)** positions, please take the relevant Statement of Duties.
For **school-based government sector employee (GSE)** roles, please take the relevant Role Descriptions.

The **treating doctor** is to complete the following questions, with the applicant to return the completed form to the Department of Education (department) either via the online recruitment portal or to any recruitment officer/recruitment team who requested its completion.

Privacy

The department takes your privacy seriously. All details provided in this form will be treated confidentially. The completed form will be retained on your personnel file, which is kept secure at all times. Where employment is not taken up, for whatever reason, all documents relating to your application will be retained for six months and then destroyed.

Consent

By completing this declaration and, where relevant, providing supporting documentation, you are consenting to the department and its employees to use the information for the purpose of assessing your suitability for employment as a teacher, school administrative and support staff member or public servant. The department may disclose information in your declaration to contracted third party healthcare providers to assist in the assessment process. It may also disclose information in your declaration to its legal advisers for the purpose of obtaining legal advice and for any legal proceedings in which your declaration is relevant.

Proposed occupation

Dear treating doctor,

Your patient is currently undergoing the pre-employment screening process with the NSW Department of Education. They have indicated a medical or psychological condition which may affect their ability to meet the published inherent requirements. In order to clarify their health declaration responses could you please address the following subjects.

Applicant details			
Name:		Date of birth	
Relevant diagnosis			
Prognosis			
Are there any tasks in the role description/statement of duties or job profile (as outlined on page one of this document) the applicant may have difficulty with, or that could cause a safety issue?			
Does the applicant require any restrictions, reasonable adjustments or special equipment, and if so what do you advise these might be? There is space for more detailed notes on Page 3.			
Are any of the measures recommended in question 4 of a temporary or permanent nature? If temporary are you able to advise when the situation should be reviewed?			
Would further assessment by an occupational physician or psychiatrist be helpful to clarify any matters?			

Statement by treating doctor (medical clearance certificate)

Applicant's name:

Applicant's date of birth:

I have reviewed the published inherent requirements of the role as defined in the role description/ statement of duties or job profile (as outlined on page one of this document). Based on my examination, it is my opinion that the applicant:

☐ meets the inherent requirements of the role without any restrictions, adjustments or special equipment.

☐ meets the inherent requirements of the role with the following restrictions, adjustments or special equipment:

☐ does not meet the inherent requirements of the role at this time for the following reasons:

I examined the applicant on the following date:

The applicant is fit to work for NSW Department of Education for days per week up to hours per day.

Name of treating doctor:

Address of treating doctor:

Signature:	Date:	Treating doctor's stamp:

Please note: This form cannot be accepted and processed without your treating doctor's stamp