

Pilot name:

Name of Port Authority:



Transport
for NSW

Marine Pilot Health Assessment
Record for Health Professional

GREEN FORM

CONFIDENTIAL:

FOR PRIVACY REASONS THE COMPLETED FORM SHOULD BE RETAINED BY THE AUTHORISED HEALTH PROFESSIONAL AND NOT RETURNED TO THE PORT AUTHORITY

Date of request:

1. Pilot / Applicant details

Family name:

First names:

Employee no.:

Date of birth:

2. Port Authority details

Port Authority:

Supervisor / contact:

Phone:

Facsimile:

Email:

3. Health assessment appointment details

Doctor / practice:

Address:

Phone:

Appointment date:

Time:

PART B – Patient consent – Pilot to complete

(If required to consult with general practitioner or other treating doctor)

I,

(print name)

☐

give

☐

do not give (please indicate)

permission for the examining health professional to contact my treating doctor(s) to discuss or clarify information relating to my current health status.

Signature:

(1) Name of doctor:

Phone:

(2) Name of doctor:

Phone:

Pilot name:

PART C – Examination record – Authorised Health Professional to complete

1. Hearing

Medical comments

- 1.1 Hearing issues identified on Health Questionnaire? No Yes
- 1.2 Hearing aids worn? No Yes
- 1.3 Audiometry results (Date:)

	0.5 kHz	1.0 kHz	2.0 kHz	3.0 kHz
Right				
Left				

Acceptable Better than 40 dBA at 0.5, 1.0, 2.0 and 3.0 KHz (not averaged)

Including comments regarding management of existing hearing problems.

2. Vision

Medical comments

- 2.1 Vision issues identified on Health Questionnaire? No Yes
- 2.2 Glasses worn? No Yes
- 2.2 Contact lenses worn? No Yes
- 2.3 Visual acuity test

Uncorrected		Corrected	
R	L	R	L
6 /	6 /	6 /	6 /

Acceptable Better eye 6/9 Worse eye 6/18

- 2.5 Visual fields
(Confrontation to each eye) Normal Abnormal
- 2.6 Colour vision (Ishihara ≥ 3 errors / 12 screening plates is a fail) Pass Fail

Including comments regarding management of existing vision problems.

3. Body Mass Index

Medical comments

- 3.1 Previous issues with weight management No Yes
- 3.2 Calculate BMI

Weight (kg) Height (m)

BMI $BMI = Weight (kg) / Height (m)^2$

BMI <30

Fit for Duty

BMI >30 but < 35

Fit Subject to review

BMI > 35

Passes Ropes Test

Fit Subject to Review

Fails Ropes test

Temporarily Unfit

Including comments regarding management of existing weight management issues.

Also consider in relation to Sleep Disorders Assessment (see Section 9)

Medical comments

4.2	Romberg's test	Normal	Abnormal
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(A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by side, for thirty seconds)

Medical comments

5.2 Are there any injuries that preclude the tests below? No Yes

5.4 NECK – rotation, flexion and extension (may be combined with thoraco-lumbar spinal movement)

Able to rotate left to 90° (minimum of 45° cervical spine)	No	Yes
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Able to rotate right to 90° (minimum of 45° cervical spine)	No	Yes
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Able to extend	No	Yes
1	0	0
2	0	0
3	0	0
4	0	0
5	0	0
6	0	0
7	0	0
8	0	0
9	0	0
10	0	0
11	0	0
12	0	0
13	0	0
14	0	0
15	0	0
16	0	0
17	0	0
18	0	0
19	0	0
20	0	0
21	0	0
22	0	0
23	0	0
24	0	0
25	0	0
26	0	0
27	0	0
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89	0	0
90	0	0
91	0	0
92	0	0
93	0	0
94	0	0
95	0	0
96	0	0
97	0	0
98	0	0
99	0	0
100	0	0

Able to flex	No	Yes
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5.5 UPPER LIMBS – shoulder, elbow, wrist and hands

Able to abduct arms above head	No	Yes
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	No	Yes
Able to push and pull with each arm		

Grip Strength test (Jamar):

- Set Jamar at ~30mm.
- Take 3 readings per hand alternating between hands
- Average readings for each hand.

	Reading 1	Reading 2	Reading 3	Average
Right				
Left				

Grip strength > 50th percentile	Pass
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Grip strength < 50th percentile	Fail
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Ropes Test (refer to Figure 24, page 122):

Calculate 40% of weight from 3.2 above Kg

Maximum weight that can be held for 6 seconds Kg

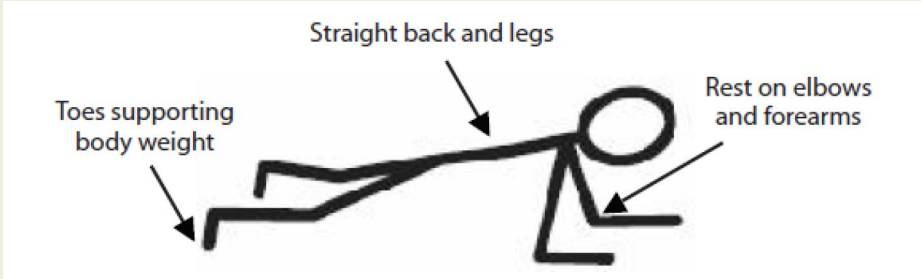
Ability to hold at least 60% body weight off scales for 6 seconds
(40% remaining on scales)

Can hold > 60% of body weight for 6 sec	Pass
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Can hold 40 – 59% of body weight for 6 sec	Pass
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Can hold less than 40% body weight for 6 sec	Fail
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				Medical comments
5.6 Back				
Able to flex, extend and rotate the back		No	Yes	
Bridge / hover test				
Hold hover for 60 seconds			Pass	
Cannot hold hover for 60 seconds			Fail	
				
5.7 LOWER LIMBS – hips, knees and ankles				
Examine		Normal		
• Gait		No	Yes	
• Standing and walking on toes		No	Yes	
• Standing and walking on heels		No	Yes	
• Squatting down and rising		No	Yes	
• Kneeling and rising		No	Yes	
• Ability to complete a step test		No	Yes	
5.8 SUMMARY: Is the applicant able to achieve all movements described in the musculoskeletal criteria?				
		No	Yes	

6. Cardiovascular system				Medical comments
6.1 Cardiovascular issues identified in Health Questionnaire?				<i>Including existing cardiovascular conditions.</i>
		No	Yes	
6.2 Blood pressure	Repeated (if necessary)	Acceptable*		
Systolic <input type="text"/>	Systolic <input type="text"/>	< 170 mmHg		
Diastolic <input type="text"/>	Diastolic <input type="text"/>	< 100 mmHg		
6.3	Pulse rate	bpm	Regular	Irregular
6.4	Heart sounds		Normal	Abnormal
6.5	Peripheral pulses		Normal	Abnormal

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			Medical comments
6.6 Calculation of Cardiac Risk Level (refer Cardiovascular chapter for scoring – Figure 14)			<i>Including other considerations e.g. physical activity, diet, symptoms, family history and past history, comorbidities, work conditions:</i>
Risk data:	Data		
Age / sex			
Smoker: Y / N			
Blood pressure (systolic)			
ECG (left ventricular hypertrophy)			
Fasting cholesterol – TOTAL			
– HDL			
Diabetic (HbA1c >7.0%)			
Absolute risk (%)			
See Figure 14 for management			
6.7 VO₂ max test			
VO ₂ max		ml / kg / min	
Above average			
Average / Below average			
			Medical comments
7. Chest / Lungs	Normal	Abnormal	
8. Abdomen	Normal	Abnormal	
9. Sleep – Epworth Sleepiness Scale			Medical comments
9.1	Sleep issue or fatigue identified in Health Questionnaire?	No Yes	<i>Including comments about existing sleep disorders:</i>
9.2 ESS score (record results from Q6 of the Health Questionnaire)			
Score 0-10			
No other symptoms / risk factors / incidents		Fit for Duty	
Plus other symptoms / risk factors / incidents		Fit Subject to review	
		Temporarily Unfit	
Score 11-15			
No other symptoms / risk factors / incidents		Fit for Duty	
Plus other symptoms / risk factors / incidents		Fit Subject to review	
		Temporarily Unfit	
Score ≥ 16		Temporarily Unfit	

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10.	Substance misuse			Medical comments
10.1	Substance misuse issue identified in Health Questionnaire?	No	Yes	<i>Including comments regarding management of existing substance misuse issues</i>
10.2	Positive drug screen since last assessment?	No	Yes	
10.3	AUDIT Score (<i>Record results from Q7 of the Health Questionnaire</i>)			
	Zone I (0-7)	Fit for Duty		
	Zone II (8-15)	Fit for Duty		
	Zone III (16-19) – Brief counselling	Fit Subject to Review Temporarily unfit		
	Zone IV (20-40) – Diagnostic evaluation and treatment	Temporarily unfit		

11.	Psychological health			Medical comments
11.1	Psychological issue identified in Health Questionnaire?	No	Yes	<i>Including comments regarding management of existing psychiatric conditions</i>
11.2	K10 Questionnaire Score (<i>Record results from Q8 of the Health Questionnaire</i>)			
	Zone I (10-18)	Fit for Duty		
	Zone II (19-24)	Fit for Duty		
	Zone III (25-29) – Refer to GP and/or counselling	Fit Subject to Review Temporarily unfit		
	Zone IV (35-50) – Refer for assessment	Temporarily unfit		
11.3	Is attitude, speech and behaviour appropriate regarding cognition and inter-personal skills?	No	Yes	

12.	Medication	Medical comments
Record details of medications from the Health Questionnaire		

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PART D – Relevant clinical findings and action

Note comments on any relevant findings detected in the questionnaire or examination, making reference to the requirements of the Standard.

			Comments
1.	Were there any significant findings? If yes, please describe.	No Yes	
2.	Were the criteria for the standard met? If not, please describe.	No Yes	
3.	Are any further investigations / referral required? If yes, please describe.	No Yes	

	Comments
4.	
Fit for Duty	
Fit for Duty Subject to Review (describe the reasons and nominate date for review)	
Fit for Duty Subject to Job Modification (describe suggested alternative duties. Identify timeframes for application of modifications)	
Temporarily Unfit for Duty Subject to Review (describe reasons, contact the Port Authority immediately)	
Permanently Unfit for Duty (describe the reasons)	

	Comments
5.	
Consent	
Was the pilot's GP contacted (with their consent)	No Yes
If yes, please provide brief notes regarding discussion with the GP.	

6.	Other clinical notes

Name of Doctor:

Signature of doctor:

Date: