Dear Applicant,

Please find attached the Statement of Personal Health and Circumstances form and SAPOL Referral Letter.

Please complete the Personal Health and Circumstances form prior to making an appointment with your Medical Practitioner and request that they report on any disclosures.

Please also ask your Medical Practitioner to consider and sign the Certificate of Fitness for Pre-Employment Physical Testing.

All medical documentation needs to be completed and submitted as part of your application.

Thank you for your assistance in this matter.

Police Medical Officer
South Australia Police

SAPOL REFERRAL LETTER

Dear Doctor,

All applicants who apply for a position with the South Australia Police are requested to disclose medical information as stipulated on the Statement of Personal Health and Circumstances form, as part of their application for employment.

The applicant has been instructed to discuss with you any disclosures made.

Guidelines for operational Police work are attached to this referral for your reference.

Please provide a report detailing the following:

1. The history of any conditions.
2. The current state/treatment of these conditions.
3. Any reports you may have from specialists relating to these conditions.
4. Any other related information or x-ray reports.
5. Any on-going issues relating to the disclosed medical conditions.
6. Comment on risk of aggravation or potential injury/illness undertaking full Police duties and training.

The applicant is responsible for associated costs related to this report. They are required to submit all medical documentation as part of their application.

Please Note: There are penalties for the applicant if they withhold or provide misleading information on their application.

Thank you for your assistance in this matter.

Police Medical Officer
South Australia Police

STATEMENT OF PERSONAL HEALTH & CIRCUMSTANCES

WARNING: This document forms a part of your application for employment under the Police Act 1998 and/or the Protective Security Act 2007. Questions not correctly or fully answered, or the withholding of relevant information, may lead to prosecution for making a false statement pursuant to the provisions of Section 69 of the Police Act 1998 and/or Section 40 of the Protective Security Act 2007. A maximum penalty of $2,500 or six months imprisonment applies.

☑ Tick Applicable – Applicant **MUST** provide an answer to **ALL** questions where tick boxes are provided

APPLICANT DETAILS

Full Name: ..... Date of Birth: / /

Address: .....

Current Occupation: .....

Previous Occupation(s): .....

Sporting Activities: .....

Name and Address of your Family Doctor:

.....

.....

MEDICAL HISTORY

1.	Have you ever had an accident or illness for which you have applied or intend to apply for compensation or pension of any type, or applied for sickness benefit?	☐ YES ☐ NO
2.	Has an accident or illness kept you off school or work for more than 14 days?	☐ YES ☐ NO
3.	Have you ever been rejected or deferred for life insurance or had a loading on your policy?	☐ YES ☐ NO
4.	Have you ever had any operations?	☐ YES ☐ NO
5.	Have you ever been diagnosed with a medical illness or physical injury?	☐ YES ☐ NO
6.	Have you ever been a patient in any type of hospital after infancy?	☐ YES ☐ NO
7.	Have you ever had to change a job or not undertake specific duties because of an adverse reaction to grease, dust, chemicals or other substances?	☐ YES ☐ NO
8.	Have you been immunised against Tetanus, Diphtheria, Whooping Cough, Polio, Hepatitis A, Hepatitis B, Varicella (chicken pox)? If YES, please state which and year of vaccination: .... Medicare Card Number: ..... Individual Reference Number:	☐ YES ☐ NO
9.	Have you ever had a positive Mantoux (Tuberculosis) skin test?	☐ YES ☐ NO
10.	Have you ever been treated with an organ transplant or prosthetic device (e.g. artificial hip) or implanted pump or electrical device?	☐ YES ☐ NO
11.	Do you currently have any medical condition or injury?	☐ YES ☐ NO
12.	Do you take any medication, prescription or other? If YES, please give details (name & dose):	☐ YES ☐ NO
13.	Please provide: Height: ..... Weight: ..... BMI:	

If you have responded YES to any of the above, your GP must provide details below e.g. dates, treatments and resolution.

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South Australia Police

STATEMENT OF PERSONAL HEALTH & CIRCUMSTANCES

PERSONAL SOCIAL INFORMATION

14. Do you participate in any sport, physical activity or exercise program? If YES, provide details below. ☐ YES ☐ NO

Activity or Sport: .....

How many times per week: .....

Average minutes per exercise per session: .....

15. Do you drink alcohol? If YES, provide details below. ☐ YES ☐ NO

Number of standard drinks per week: .....

16. Have you ever smoked? If YES, provide details below. ☐ YES ☐ NO

Number of years: .....

Number of cigarettes per day: .....

When did you stop smoking? .....

17. Do you use or have you experimented with any of the following?

a. Marijuana or other non-prescribed drugs ☐ YES ☐ NO

b. Intravenous drugs ☐ YES ☐ NO

CARDIOVASCULAR SYSTEM

18. Have you ever had or do you have any of the following symptoms or conditions?

a. Chest pain on exertion or angina ☐ YES ☐ NO

b. Palpitations or irregular heartbeat ☐ YES ☐ NO

c. High or low blood pressure ☐ YES ☐ NO

d. Heart murmur or rheumatic fever ☐ YES ☐ NO

e. Heart surgery ☐ YES ☐ NO

f. Any investigations of the heart including ECG, stress ECG or ultrasound ☐ YES ☐ NO

g. Any other heart disease ☐ YES ☐ NO

h. Varicose veins ☐ YES ☐ NO

If you have responded YES to any of the above, your GP must provide details below e.g. dates, treatments and resolution.

RESPIRATORY SYSTEM

19. Have you ever had or do you have any of the following symptoms or conditions?

a. Persistent or recurrent breathlessness ☐ YES ☐ NO

b. Persistent or unusual cough ☐ YES ☐ NO

c. Asthma or wheezing – past or present ☐ YES ☐ NO

d. Use of an inhaler before or after exercise or with a “cold” ☐ YES ☐ NO

e. Bronchitis, pleurisy or pneumonia, or tuberculosis ☐ YES ☐ NO

f. Pneumothorax or collapsed lung ☐ YES ☐ NO

g. Sleep apnoea or sleep disorder ☐ YES ☐ NO

h. Any other lung disease ☐ YES ☐ NO

If you have responded YES to any of the above, your GP must provide details below e.g. dates, treatments and resolution.

South Australia Police

STATEMENT OF PERSONAL HEALTH & CIRCUMSTANCES

ASTHMA QUESTIONNAIRE

20.	Have you ever been admitted to hospital for asthma after the age of 15 years?		☐ YES	☐ NO
21.	Has any doctor or medical provider ever told you that you have asthma?		☐ YES	☐ NO
22.	In the past 12 months, how well did you feel your asthma was controlled? ☐ Not at all ☐ Partially controlled ☐ Well controlled ☐ Not Applicable (N/A)			
23.	In the past 12 months, did you miss any work, school or normal activity because of your asthma?	☐ N/A	☐ YES	☐ NO
24.	In the past 12 months, have you at any time taken medication (including inhalers) for your asthma?	☐ N/A	☐ YES	☐ NO
25.	In the past 12 months, were you woken at any time by your asthma during the night?	☐ N/A	☐ YES	☐ NO
26.	In the past 12 months, were you limited at any time in your activities because of your asthma?	☐ N/A	☐ YES	☐ NO
27.	In the past 12 months, did you experience shortness of breath at any time because of your asthma?	☐ N/A	☐ YES	☐ NO
28.	In the past 12 months, did you experience any wheezing at any time?		☐ YES	☐ NO
29.	Has your chest sounded wheezy at any time during or after exercise?		☐ YES	☐ NO
30.	Have you had an attack of shortness of breath that came on following strenuous activity?		☐ YES	☐ NO

If you have responded YES to any of the above, an asthma management plan MUST be provided.

GASTROINTESTINAL SYSTEM

31. Have you ever had or do you have any of the following symptoms or conditions?

a.	Frequent indigestion, heartburn or recurrent abdominal pain	☐ YES	☐ NO
b.	Frequent nausea or vomiting	☐ YES	☐ NO
c.	Passing blood through the bowels	☐ YES	☐ NO
d.	Frequent diarrhoea or constipation	☐ YES	☐ NO
e.	Ulcer of the stomach or duodenum	☐ YES	☐ NO
f.	Gall bladder problems	☐ YES	☐ NO
g.	Hepatitis or other liver disease	☐ YES	☐ NO
h.	Irritable bowel syndrome	☐ YES	☐ NO
i.	Ulcerative colitis or Crohn's disease	☐ YES	☐ NO
j.	Haemorrhoids (Piles)	☐ YES	☐ NO
k.	Hernia of any sort (e.g. umbilical, groin, stomach)	☐ YES	☐ NO
l.	Any surgery to the abdominal area	☐ YES	☐ NO
m.	Any special dietary needs	☐ YES	☐ NO
n.	Any other bowel or abdominal organ disease	☐ YES	☐ NO

If you have responded YES to any of the above, your GP must provide details below e.g. dates, treatments and resolution.

GENITOURINARY SYSTEM

32. Have you ever had or do you have any of the following symptoms or conditions?

a.	Blood in the urine	☐ YES	☐ NO
b.	Difficulty or pain passing urine	☐ YES	☐ NO
c.	Incontinence/urgency to urinate	☐ YES	☐ NO
d.	Kidney stones	☐ YES	☐ NO
e.	Kidney disease, infection or tumour	☐ YES	☐ NO
f.	Bladder disorder, infection or tumour	☐ YES	☐ NO
g.	Kidney, bladder or urinary tract surgery	☐ YES	☐ NO
h.	Sexually Transmitted Disease (STD)	☐ YES	☐ NO
i.	Bedwetting after the age of 10 years	☐ YES	☐ NO

South Australia Police
STATEMENT OF PERSONAL HEALTH & CIRCUMSTANCES

GENITOURINARY SYSTEM *(continued)*

MALE ONLY:

j. Surgery to the testis or penis ☐ YES ☐ NO

k. Swollen or painful testis ☐ YES ☐ NO

FEMALE ONLY:

l. Menstrual problems such as irregular, absent, very painful or very heavy periods ☐ YES ☐ NO

m. Cervical smear (pap smear) abnormality, cone biopsy or referral for laser therapy ☐ YES ☐ NO

n. Endometriosis ☐ YES ☐ NO

o. Chronic pelvis inflammatory disease ☐ YES ☐ NO

p. Pregnancy ☐ YES ☐ NO

q. Any other gynaecological problems not mentioned above including surgery ☐ YES ☐ NO

r. Any history of breast lumps, breast surgery or breast pain ☐ YES ☐ NO

If you have responded YES to any of the above, your GP must provide details below e.g. dates, treatments and resolution.

MUSCULOSKELETAL SYSTEM

33. Have you ever had or do you have any of the following symptoms or conditions?

a. Hip injury or pain ☐ YES ☐ NO

b. Knee injury or pain ☐ YES ☐ NO

c. Ankle injury or pain ☐ YES ☐ NO

d. Foot injury or pain ☐ YES ☐ NO

e. Lower limb pain especially on exercise (e.g. shin splints) ☐ YES ☐ NO

f. Shoulder injury or pain ☐ YES ☐ NO

g. Elbow or wrist injury or pain ☐ YES ☐ NO

h. Neck injury or pain (including whiplash) ☐ YES ☐ NO

i. Back injury or pain ☐ YES ☐ NO

j. Sciatica ☐ YES ☐ NO

k. Joint pain or arthritis anywhere in the body ☐ YES ☐ NO

l. Pain to any part of your body during or after exercise (e.g. walking or running) ☐ YES ☐ NO

m. Fractured, broken or cracked bones (including stress fractures) ☐ YES ☐ NO

n. Dislocated or subluxated joints ☐ YES ☐ NO

o. Loss of the use of any limb or digit ☐ YES ☐ NO

p. Surgery to any joint, including reconstructive surgery ☐ YES ☐ NO

q. Surgery to any limb, including internal fixation of fractures by plating or pinning ☐ YES ☐ NO

r. Problems carrying a heavy load (equal to 25kg) ☐ YES ☐ NO

s. Any other bone, joint, ligament, tendon or muscle problems ☐ YES ☐ NO

t. Any history of treatment by a physiotherapist, chiropractor or other therapist ☐ YES ☐ NO

34. Do you wear orthotics or special footwear? ☐ YES ☐ NO

If you have responded YES to any of the above, your GP must provide details below e.g. dates, treatments and resolution.

South Australia Police

STATEMENT OF PERSONAL HEALTH & CIRCUMSTANCES

NEUROLOGICAL SYSTEM

35. Have you ever had or do you have any of the following symptoms or conditions?

a. Head injury	☐ YES ☐ NO
b. Loss of consciousness	☐ YES ☐ NO
If YES for how long? Hours: ..... Minutes:	
c. Concussion	☐ YES ☐ NO
d. Dizzy spells, fainting or blackouts	☐ YES ☐ NO
e. Epilepsy, fits or convulsions	☐ YES ☐ NO
f. Frequent or severe headaches	☐ YES ☐ NO
g. Migraine	☐ YES ☐ NO
h. Difficulty with concentration or memory	☐ YES ☐ NO
i. Surgery to the head or nervous system	☐ YES ☐ NO
j. Paralysis	☐ YES ☐ NO
k. Any other neurological disease	☐ YES ☐ NO

If you have responded YES to any of the above, your GP must provide details below e.g. dates, treatments and resolution.

ENDOCRINE AND METABOLIC SYSTEM

36. Have you ever had or do you have any of the following symptoms or conditions?

a. Diabetes abnormal blood sugar	☐ YES ☐ NO
b. Thyroid disease or surgery	☐ YES ☐ NO
c. Gout	☐ YES ☐ NO
d. Any significant alteration in weight over the last 12 months	☐ YES ☐ NO
e. Any other endocrine (hormonal) disease	☐ YES ☐ NO

If you have responded YES to any of the above, your GP must provide details below e.g. dates, treatments and resolution.

EAR, NOSE AND THROAT

37. Have you ever had or do you have any of the following symptoms or conditions?

a. Recurrent or persistent ear infections	☐ YES ☐ NO
b. Tinnitus or ringing in the ears	☐ YES ☐ NO
c. Deafness or loss of hearing	☐ YES ☐ NO
d. Perforated ear drum or surgery	☐ YES ☐ NO
e. Difficulty hearing a conversation in a noisy room	☐ YES ☐ NO
f. Motion sickness including travel sickness	☐ YES ☐ NO
g. Vertigo or problems with balance	☐ YES ☐ NO
h. Allergy, hayfever or allergic rhinitis	☐ YES ☐ NO
i. Recurrent or persistent sinusitis	☐ YES ☐ NO
j. Throat problems or difficulty swallowing	☐ YES ☐ NO
k. Any other ear, nose or throat problems including surgery	☐ YES ☐ NO

If you have responded YES to any of the above, your GP must provide details below e.g. dates, treatments and resolution.

South Australia Police

STATEMENT OF PERSONAL HEALTH & CIRCUMSTANCES

ORAL AND DENTAL

38. Have you ever had or do you have any of the following symptoms or conditions?

a. Inflammation or infection of the oral cavity including, HSV-1 (cold sores)	☐ YES ☐ NO
b. Deformities or abnormalities of the mouth or jaw	☐ YES ☐ NO
c. Disorder of voice or speech	☐ YES ☐ NO
d. Current orthodontic or specialist dental treatment	☐ YES ☐ NO
e. Any other oral or dental problems including any future specialist dental treatment requirements	☐ YES ☐ NO

If you have responded YES to any of the above, your GP must provide details below e.g. dates, treatments and resolution.

EYES

39. Have you ever had or do you have any of the following symptoms or conditions?

a. Persistent or recurrent eye allergy or infection of the eye and/or eyelids	☐ YES ☐ NO
b. Ever worn spectacles or contact lenses	☐ YES ☐ NO
c. Loss of vision in either eye	☐ YES ☐ NO
d. Colour perception problems, e.g. protan/deutan abnormality	☐ YES ☐ NO
e. Glaucoma	☐ YES ☐ NO
f. Any eye surgery including laser surgery	☐ YES ☐ NO
g. Any other eye disease or injury	☐ YES ☐ NO

40. Do you avoid, or experience difficulty when driving at night, dusk, dawn or when visibility is low? ☐ YES ☐ NO

If you have responded YES to any of the above, your GP must provide details below e.g. dates, treatments and resolution.

SKIN

41. Have you ever had or do you have any of the following symptoms or conditions?

a. Any active skin disease or infection	☐ YES ☐ NO
b. Skin reactions to occupational contact, chemicals or allergic reactions of any type	☐ YES ☐ NO
c. Chronic skin disease such as urticarial, eczema, dermatitis or psoriasis	☐ YES ☐ NO
d. Acne	☐ YES ☐ NO
e. Pilonidal sinus	☐ YES ☐ NO
f. Any treatment for skin cancers or for sun damaged skin	☐ YES ☐ NO
g. Any other skin diseases or problems	☐ YES ☐ NO

If you have responded YES to any of the above, your GP must provide details below e.g. dates, treatments and resolution.

BLOOD AND LYMPHATIC SYSTEM

42. Have you ever had or do you have any of the following symptoms or conditions?

a. Anaemia	☐ YES ☐ NO
b. Blood disorder or bleeding or clotting problem (e.g. haemophilia, thalassaemia or haemochromatosis)	☐ YES ☐ NO
c. Removal or malfunction of the spleen	☐ YES ☐ NO
d. Any other blood or lymphatic system disease	☐ YES ☐ NO

If you have responded YES to any of the above, your GP must provide details below e.g. dates, treatments and resolution.

South Australia Police

STATEMENT OF PERSONAL HEALTH & CIRCUMSTANCES

INFECTION

43.	Have you ever had or do you have any of the following symptoms or conditions?	
	a. Malaria or unexplained fevers	☐ YES ☐ NO
	b. Chronic parasitic infection or tropical disease	☐ YES ☐ NO
	c. Any significant infection requiring a prolonged period of convalescence such as:	
	• Chronic fatigue syndrome	☐ YES ☐ NO
	• Glandular fever	☐ YES ☐ NO
44.	Have you ever been diagnosed, tested positive or suspected of having any of the following?	
	a. HIV (AIDS) infection	☐ YES ☐ NO
	b. Hepatitis B infection	☐ YES ☐ NO
	c. Hepatitis C infection	☐ YES ☐ NO

ALLERGY

45.	Have you ever had an allergic reaction including life-threatening anaphylaxis to any of the following?	
	a. Medicine, drug or serum, including anaesthetic agents and vaccines	☐ YES ☐ NO
	b. Foods or additives (e.g. peanuts, gluten, lactose, MSG or seafood)	☐ YES ☐ NO
	c. Animals or insect bites (e.g. dogs, cats, spiders, bees etc.)	☐ YES ☐ NO
	d. Any other substances	☐ YES ☐ NO

If you have responded YES to any of the above, your GP must provide details below e.g. dates, treatments and resolution.

MENTAL HEALTH AND TRAUMA

46.	Have you ever had or do you have any of the following symptoms or conditions?	
	a. Any unusual stress in your work or home life	☐ YES ☐ NO
	b. Sleepwalking after the age of 14 years	☐ YES ☐ NO
	c. Bedwetting after the age of 10 years	☐ YES ☐ NO
	d. Panic attacks, hyperventilation or anxiety or phobia disorder	☐ YES ☐ NO
	e. History of drug or alcohol dependency	☐ YES ☐ NO
47.	Have you been diagnosed or received treatment for Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) or any other learning disorder or learning disability (including dyslexia)?	☐ YES ☐ NO
	If YES, have you ever been prescribed any medication to treat or modify those conditions, for example but not limited to, Ritalin, Dexamphetamine or Modafinil?	☐ YES ☐ NO
48.	During school, did you attend any special education/support programs, receive suspension or expulsion?	☐ YES ☐ NO
49.	Have you ever received treatment for Post Traumatic Stress Disorder (PTSD)?	☐ YES ☐ NO
50.	Have you ever had a suspected or diagnosed mood or affective disorder (e.g. depression, bipolar disorder)?	☐ YES ☐ NO
51.	Have you ever had a suspected or diagnosed anxiety disorder (e.g. panic disorder, anxiety, obsessive-compulsive disorder, eating disorder)?	☐ YES ☐ NO
52.	Have you ever had a suspected or diagnosed psychotic disorder (e.g. hallucinations or delusions, psychosis, schizophrenia)?	☐ YES ☐ NO
53.	Have you ever been admitted to a hospital for treatment of a psychiatric, psychological or substance related condition?	☐ YES ☐ NO
54.	Have you ever been the victim of, or witness to, domestic violence as an adult or child?	☐ YES ☐ NO
55.	Have you ever attempted suicide or self harm?	☐ YES ☐ NO
56.	Have you ever consulted or sought treatment from any of the following?	
	a. Psychiatrist	☐ YES ☐ NO
	b. Psychologist	☐ YES ☐ NO
	c. Counsellor	☐ YES ☐ NO
	d. Social worker	☐ YES ☐ NO
57.	Have you ever witnessed the death of another person?	☐ YES ☐ NO

South Australia Police

STATEMENT OF PERSONAL HEALTH & CIRCUMSTANCES

MENTAL HEALTH AND TRAUMA *(continued)*

58.	Have you ever seen a deceased person?	☐ YES ☐ NO
59.	Have you ever been involved in the recovery, disposal or other handling of a deceased person?	☐ YES ☐ NO
60.	Have you ever been directly/indirectly involved in the cause of death of another person?	☐ YES ☐ NO
61.	Has any family member, friend or colleague ever been killed, unlawfully detained, assaulted or robbed?	☐ YES ☐ NO
62.	Other than any previous employment with SA Police, have you worked with or for military/police agencies?	☐ YES ☐ NO
63.	Have you ever lived or worked in an area subject to armed conflict, military operations, martial law, or the operation of peacekeeping forces?	☐ YES ☐ NO
64.	Have you ever been involved in or witnessed the assault, robbery, unlawful detention or torture of another person?	☐ YES ☐ NO
65.	Have you ever been the victim of, or witness to, a sexual assault?	☐ YES ☐ NO
66.	Have you been exposed to any other event(s) or experience(s) (not covered by previous questions) which had a traumatic effect on you?	☐ YES ☐ NO
67.	Have you ever experienced any other psychological or psychiatric conditions, disorders, or problems not outlined above?	☐ YES ☐ NO

If YES to above mental health and trauma questions, please provide further details or comments below and also have a GP or Mental Health clinician complete a report covering your current mental health status.

CANCER AND/OR MALIGNANCY

68. Have you ever had or do you have any of the following symptoms or conditions?

a.	Any type of cancer or tumour or unexplained lump	☐ YES ☐ NO
b.	Any malignant condition which is now in remission	☐ YES ☐ NO

If you have responded YES to any of the above, your GP must provide details below e.g. dates, treatments and resolution.

SIGNIFICANT FAMILY HISTORY

69. Has any member of your immediate family been treated for, or suffered from, any of the following?

a.	Blood disorder or bleeding or clotting problem (e.g. haemophilia, thalassaemia or haemochromatosis)	☐ YES ☐ NO
b.	Cancer	☐ YES ☐ NO
c.	Heart disease	☐ YES ☐ NO
d.	High blood pressure	☐ YES ☐ NO
e.	Diabetes	☐ YES ☐ NO
f.	Mental or emotional disorders (e.g. depression, anxiety, schizophrenia)	☐ YES ☐ NO
g.	Attempted suicide	☐ YES ☐ NO
h.	Tuberculosis	☐ YES ☐ NO

Please provide further details or comments below:

(List any illnesses family members have experienced and state if deceased and cause of death, give age as at time of death)

South Australia Police

STATEMENT OF PERSONAL HEALTH & CIRCUMSTANCES

RESIDENCY/SERVICE OUTSIDE OF AUSTRALIA

70. Have you ever resided or served outside of Australia? ☐ YES ☐ NO

If YES, provide details of country, reason and dates:

DEFENCE FORCE HISTORY

71. Have you ever previously applied to join any Defence Force? ☐ YES ☐ NO

72. Have you ever previously served in any Defence Force? ☐ YES ☐ NO

If YES to question 72, reason for rejection or discharge was:

☐ Unsuitable ☐ Medical ☐ Education ☐ Term Expired ☐ Psychological ☐ Unknown

OTHER INFORMATION

Give details of any accidents (including driving/motor vehicle accidents) or illnesses not referred to above. Include details of medical examinations, advice and/or treatments, x-rays, worker's compensation claims, motor vehicle injury claims or veteran's compensation claims. Give details of any other information that may be relevant.

DECLARATION

The information provided by me in this document is true and accurate to the best of my knowledge and belief.

I acknowledge that questions not correctly or fully answered, or the withholding of relevant information, may lead to prosecution for making a false statement pursuant to the provisions of Section 69 of the Police Act 1998 and/or Section 40 of the Protective Security Act 2007, and that a maximum penalty of $2,500 or six months imprisonment applies.

I authorise any Medical Practitioner or any other person who has treated me or whom I have consulted for any illness, injury or condition, whether physical or mental, to release to South Australia Police any information concerning my health in his or her knowledge or possession, including copies of any specialist or other reports.

Applicant Signature: ..... Date: / /

Witness Signature: ..... Date: / /

Witness Full Name: .....

South Australia Police

STATEMENT OF PERSONAL HEALTH & CIRCUMSTANCES

MEDICAL ASSESSMENT GUIDELINES FOR OPERATIONAL POLICE WORK

MEDICAL GUIDELINES

SAPOL medical standards state any recruit applicant with severe, intermittent, debilitating, acute or chronic medical conditions are generally considered unsuitable for police recruitment.

Each recruit applicant is assessed on an individual basis for suitability for operational police work. SAPOL's policy further requires each potential recruit with a history of any chronic condition to be assessed on an individual basis, in regard to the variability and severity of the chronic condition. SAPOL has determined that it is unacceptable to allow a police applicant, recruit, cadet, Police, or Protective Security officer to be placed in a position where they may jeopardise their health by being unable to access urgent medical assistance.

The working life of an operational police officer is ruled by the adhoc situations and emergencies that unpredictably result from law enforcement. In determining fitness for duties, the individual is required to be alert and able to respond in all circumstances.

Recruit Training encompasses the following physical tasks, which need to be performed safely and effectively:

- Running (sprinting, endurance) at speed on uneven ground and varying terrain
- Marching on hard surfaces, roads and parade grounds
- Weight training
- Obstacle courses
- Climbing fences to maximum height of 2 metres
- Dragging a dead weight (20-30kg) a distance of 20-30 metres
- Crawling, jumping and negotiating obstacles
- Baton training, with twisting and lunging
- Defensive tactics - bending, twisting/being taken to the ground (on a mat), striking with hands and feet
- Restraint holds - muscle manipulation through active and passive ranges of wrist, elbow, shoulder, knee and ankle joints, within a static and dynamic ranges of movement
- Firearms shooting - over a 5 day course, standing for long periods, kneeling and lying prone; practical scenario exercises requiring working in confined spaces
- Handcuffing as a police officer, both standing and after wrestling to the ground, including being handcuffed in these positions as a role player
- Body armour wearing (weighs 30kg) – static and moving around, running at times in armour, constantly wearing a 9kg gun belt.
- Driver training - 10 day course requiring sitting in motor vehicle for long periods, driving on dirt roads, high speed manoeuvring in wet and dry conditions, heavy braking and bracing around circuit.

All activities need to be performed wearing a fully equipped Police accoutrement belt up to 9kg in weight

South Australia Police

STATEMENT OF PERSONAL HEALTH & CIRCUMSTANCES

Physical requirements of a SAPOL frontline Police Officer include, but are not limited, to the following:

- Adequate vision, corrected or uncorrected to 6/9, mild deutan acceptable, protan unacceptable
- Hearing 30 DB and less for speech discrimination at 750 KW – 4,000 KW acceptable
- Appropriate cognition, concentration, reality, mood and memory ability
- No medication likely to impair physical ability, appropriate mood or cognition
- Absence of any psychiatric disorder or substance dependency
- A body mass index (BMI) ideally less than 30, heavy musculature is taken into consideration
- Adequate cardiovascular ability, including ability to manage the standard for age exercise ECG testing, all applicants above the age of 35 will require an exercise ECG
- Run without warning, chasing over obstacles and uneven terrain
- Climb at a reasonable rate, including at least one flight of steps
- Ability to work safely at heights
- No significant injury to limbs, trunk or spine
- Ability to wear body armour, weighing up to 30kg
- Walk for extended periods, including over varied terrain
- Road traffic activities, including standing for long periods at roadside stations, during random breath testing (RBT) of drivers in all weather conditions
- Planned and unplanned road traffic activities and accidents in all weather conditions
- Physically wrestle an offender during the course of an arrest or restraint
- Combative/offender work, including baton use
- Lift and carry an injured person
- Fit to drive, including alighting from a vehicle multiple times during a shift with accoutrement belt insitu, high speed and night driving
- Manage aggressive behaviour of offenders
- Arresting unwilling and uncooperative offenders
- Subduing and handcuffing offenders
- Placing unwilling persons into a police vehicle
- Custody management and enforcement
- Firearms use
- Work in remote areas
- Work rotational shift work
- Irregular access to food, due to shift work and extended work hours
- Inability to always have ready access to a toilet

These activities should be assessed as occurring over a sustained period of time and not just in a single activity occurrence

Most tasks are expected to be completed wearing police operational uniforms and a complete accoutrement belt up to 9kg in weight

For any further enquiries, please contact – SAPOL Employee Assistance Section, (08) 7322 3152

South Australia Police

STATEMENT OF PERSONAL HEALTH & CIRCUMSTANCES

SOUTH AUSTRALIA POLICE RECRUITMENT FITNESS AND AGILITY TEST CRITERIA

Requirements are reviewed regularly and may include but is not limited to the following-
Applicants are to wear suitable clothing e.g. shorts, t-shirt, tracksuit pants, running shoes for the purpose of completing the fitness and agility tests - no jewellery is to be worn.

BODY FAT SKIN FOLD – Conducted by Police Medical Officer

Skin-callipers are used on 4 anatomical locations. The calculation process accommodates age and gender. This method, although level 2 of reliability, is accurate to approximately 3.9% either way of calculation (Australian Fitness Norms - Health Development Foundation 1996). Required body fat skin-fold percentage:

BODY SKIN FOLD	Recommended	Marginal	Not Recommended
Male	20% or less	Between 20 to 23.9%	Over 23.9%
Female	30% or less	Between 30 to 33.9%	Over 33.9%

GRIP TEST – Conducted by Police Medical Officer

	Dominant Hand	Non Dominant Hand
Male	45 kgs	40 kgs
Female	35 kgs	30 kgs

MULTI-STAGE AEROBIC FITNESS TEST – Conducted by Operational Safety Training Unit

Applicants must perform a progressive '20-metre Shuttle Run'. All applicants must reach the standard of 50% as per the Australian fitness norms. This calculation process accommodates age and gender. The required aerobic capacity in relation to participant's age and gender, as listed in chart VO2 Max i.e. standard achieved / standard required:

AEROBIC CAPACITY	18-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs
Male	9.04	8.02	7.02	6.02
Female	6.10	5.06	4.09	4.01

OBSTACLE COURSE – Conducted by Operational Safety Training Unit

Demonstrate agility and speed over set obstacle course whilst wearing a weighted ballistic vest. This process is standard for both gender and all ages.

Obstacle course requirements are reviewed regularly and may include but is not limited to the following:

1. Alight from police vehicle
2. Drag a 25 kg simulated body 20 metres
3. Climb over fence/obstacles of varying heights
4. Run through simulated car park
5. Negotiate balance beam
6. Stair climbing
7. Climb through a window
8. Burpees/push-ups
9. Run 120 metres
10. Simulated firearms use
11. Lifting of car tyre

For more information regarding health and fitness requirements please visit www.achievemore.com.au.

CERTIFICATE OF FITNESS FOR PRE-EMPLOYMENT PHYSICAL TESTING

Dear Doctor,

Please assess to the best of your ability the applicant's medical fitness to undertake the pre-employment fitness activities as outlined in the enclosed guidelines and fitness criteria. Please note the testing process involves some vigorous physical exertion.

I have sighted the patient's statement of personal health and circumstances. ☐ Yes

I, Dr ..... Provider Number: .....

have assessed .....

I deem them ☐ Medically fit for pre-employment fitness testing

☐ Medically unfit (if so, please provide explanation)

.....

Signed: .....

Date: / /

This clearance is only applicable to the pre-employment Fitness Test.
Determination of the medical suitability for employment is made by the Police Medical Officer.

Thank you for your assistance in this matter.

Police Medical Officer
South Australia Police