



**DEPARTMENT OF CORRECTIVE SERVICES
ADMINISTRATIVE FORM – MEDICAL DISCLOSURE**

**This form must be completed by participants
BEFORE any physical components of course modules are undertaken.**

The Department must provide an employee appropriate opportunities to meet educational and skills accreditation and qualification requirements associated with his/her position.

As an employee of the Department, there may be occasions when physical exertion is required. Accreditation and affirmation of current competencies may include techniques involving—

- a) Control & Restraint – joint locks, balance displacement, leverage, the use of pressure points as a stimulus to enforce compliance;
- b) Response to contingencies/first officer response – running, lifting and bending;
- c) Breathing Apparatus – wearing of facial mask requiring exertion of respiratory conditions and exposure to chemical agents;
- d) First Aid – bending, lifting, dragging, resuscitating; and
- e) Firearms – getting down and up off the ground; Shot gun recoil.

When undertaking training that involves physical exertion, you must advise the Department of any medical condition which may impede your ability to successfully complete this component of the training. Any personal information you provide will be kept in confidence by the Staff Training/Development Officer and only used with respect to the designated training unless you consent to other use or unless other use or disclosure is authorised by law.

If the disclosure of medical or psychological conditions prohibits an individual from undertaking the physical component of training, the form will be referred to the Senior Consultant, Workplace Health and Safety for the purpose of obtaining further advice, at which time the Department would assess your situation and work with you to explore alternative options.

To be completed by the training participant (if you answer “yes” to any of the questions, please provide additional information)—

- a) Do you have any medical condition, injury or disability, which may preclude you from participating fully in this training? **Yes/No**
- b) Have you been given medical advice that warns against such activity (medical certificate to be supplied)? **Yes/No**
- c) Have you any personal concerns regarding aggravation of a pre-existing or current medical condition or injury? **Yes/No**
- d) Have you any medical concerns in relation to participating in this training? **Yes/No**