Schedule 4: Standard forms and templates

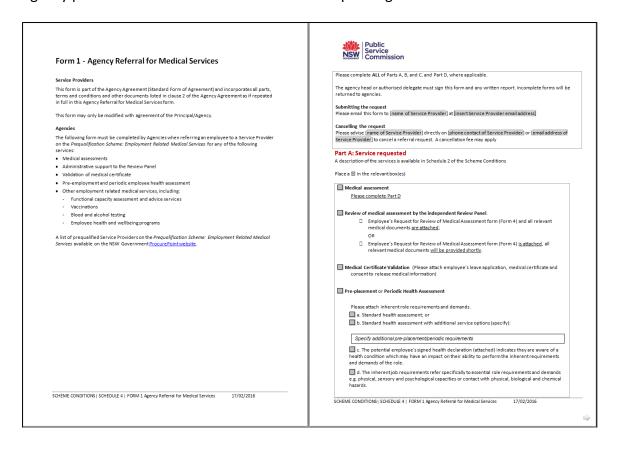
With the exception of templates relating to the independent medical assessment Review Panel, forms may be varied by Agencies in consultation with the Public Service Commission.

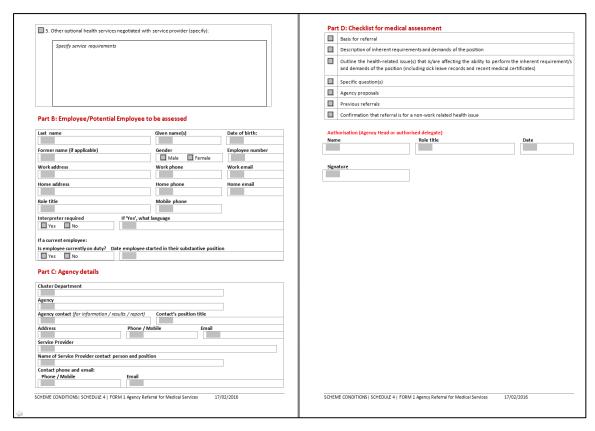
Document	Purpose	Who will use it	When it is used
Agency Referral for Medical Services (Form 1)	Agency to indicate the service/s sought from the Service Provider	Agency	When an Agency requests a service from the Service Provider
Employee Acknowledgement (Form 2)	Employee to acknowledge that they've received a copy of all documents referred to the Service Provider	Agency (internal)	When an Agency refers an employee for a medical assessment of a non-work related injury or health condition
Employee Information - Medical Assessment (Information sheet)	Agency to provide employees with standard information about the medical assessment process	Agency	When an employee with a non-work related injury/health condition is referred for a medical assessment
Privacy and Consent to Release Medical Information (Form 3)	For employee to provide consent to release medical information to the Service Provider, and to the Agency	Service Provider	Agency to provide employee with this form. Employee to provide signed form to the medical assessor at the medical assessment appointment.
Request for Review of Medical Assessment (Form 4)	Employee to set out basis for request for a medical assessment review	Employee to request review Service Provider to assess request against set criteria	When an employee seeks to have a medical assessment outcome reviewed
Review Panel letter – Time extension Template 1	To respond to employees seeking a time extension on their request for a medical assessment review.	Service Provider	Providing response to employees of the Review Panel Chair's decision on their request for extension of time

Document	Purpose	Who will use it	When it is used	
Case summary and meeting report	To provide Review Panel with key points of each case	Service Provider to provide employee details and summary of medical assessment to the Review Panel.		
Template 2	and for the panel to note its decision.	Review Panel to note its decision and any recommendations for work place/practice modification.		
		Note: Service Provider d Outcome (Template 3) for meeting notes.	rafts the Review Panel letter - rom the Review Panel's	
Review Panel letter - Outcome Template 3	To set out the determination of the Review Panel for the employee and Agency	Service Provider to draft based on the Review Panel's meeting notes. Review Panel Chair to approve	After the review meeting of the Review Panel	
Review Panel letter - Further assessment Template 4	To set out the referral of the employee for further assessment.	Service Provider	When requested by the Agency to arrange further assessment on the recommendation of the Review Panel.	
			This is letter sent to the employee and Agency	

FORM 1: Agency Referral for Medical Services

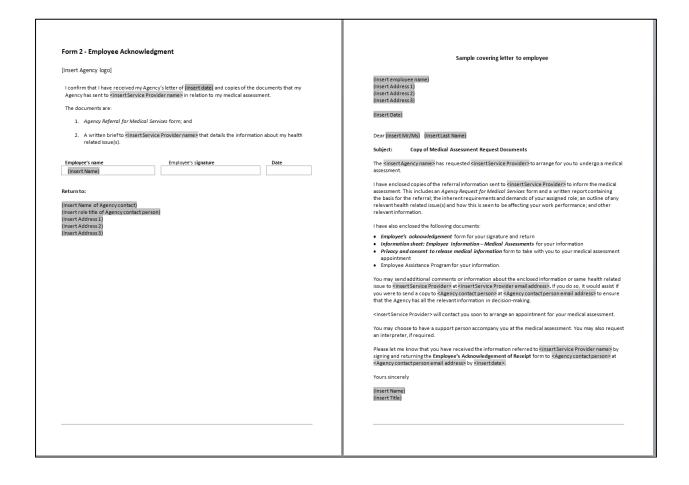
Agency provides to the Service Provider when requesting a service





FORM 2: Employee Acknowledgement

Agency provides to the employee. Employee signs the form to indicate that they have received copies of documents referred to the Service Provider.



INFORMATION SHEET: Employee Information – Medical Assessments



INFORMATION SHEET Employee Information - Medical Assessments

What is a medical assessment?

A medical assessment provides your agency with information and advice on your ability to perform the inherent requirements and demands of your role and how it might better support you at work if you have a non-work related injury or health condition. The type of medical assessment you will undergo will depend on your condition and the inherent requirements of your role. Generally, the medical assessor will:

- · ask you a range of questions about your health
- review information provided by your agency and medical information or reports you may have provided/brought along from your treating doctor/s
- conduct a medical examination.

Who will perform my medical assessment?

Your agency will refer you to staff at [Name of Service Provider], who will look at the referral information sent by your agency and assign the most appropriate medical assessor to perform your assessment.

Who is [name of Service Provider]?

[Name of Service Provider] is an occupational health and medical assessment Service Provider on the NSW Government's Prequalification Scheme: Employment Related Medical Services which has been selected by your agency to perform your medical assessment.

How can I prepare for my employee health assessment?

Your agency will send information to [name of Service Provider] and also provided you with the same information. The next steps for you are to:

- Return a signed copythe Employee's Acknowledgement of Receipt form to acknowledge that you have received copies of documents sent to [name of Service Provider] by your agency.
- Read the referral information and decide if you want to submit a
 written response or additional information. This must be about the
 same health related issue(s) as the referral information. You need to
 send your response/additional information to [name of Service
 Provider] and a copy to your agency before, or on the day of, your
 appointment.
- Wait for [name of Service Provider] to contact you about your assessment appointment date, time and location. Your agency will also be notified of the appointment details.
- Let [name of Service Provider] know if you need an interpreter at the assessment when they contact you to make the appointment.
- Gather any supporting health information that you want to take to your assessment to give to your assessing doctor. You should also provide copies of newdocumentation to your agency.
- Arrange for a support person to be with you at your assessment, if necessary. This person can provide support but cannot participate in or comment on the assessment process.
- Attend your appointment on the agreed time and date, and provide the medical assessor with any additional supporting health information you have brought with you. The assessing doctor will interview you, review any supporting material and conduct a medical examination.
- Complete the Privacy and Consent form at your appointment. You can
 either give or withhold consent for [name of Service Provider] to
 contact your treating doctor or specialist and to release relevant
 medical information to your agency.
- If you cannot attend your scheduled appointment you must ring [name of Service Provider] promptly on [contact phone number] to let them know. Please note that [name of Service Provider] charges your agency for rescheduling appointments and cancellations.

What happens after my medical assessment?

Where you have given your consent, your medical assessor may contact your treating doctor or specialist to seek a report or additional information.

The medical assessor will then prepare a medical assessment report that takes into account all of the medical information available and send it to you and your agency.

The report will provide your agency with an assessment of your ability to safely undertake the inherent requirements and demands of your role and include recommendations for any rehabilitation or work adjustments.

Options for managing any non-work related injuries or health issues will depend on your assessment outcome. Your agency will discuss this with you and the options appropriate to your particular circumstances.

What if I don't agree with my medical assessment outcome?

If you do not agree with the outcome of your medical assessment you may be eligible to request a review of the assessment outcome and medical documents by an independent Review Panel. [Name of Service Provider], which arranged your medical assessment will provide administrative support to the panel.

Your agency can give you more information about the review process or you can refer to the PSC's Guideline on Fitness for duty: Medical assessments for non-work related injuries and medical conditions. This is available from www.psc.nsw.gov.au/employmentportal/whs/whs

What are my privacy rights?

You have a right under NSW privacy laws for the confidential treatment of your personal information and health information. However, information or an opinion about your suitability for appointment or employment as a public sector official does not fall within the definition of personal information or health information under NSW privacy laws. More information is available at http://www.ipc.nsw.gov.au/privacy-laws.

Where can I find more information?

About my medical assessment

Ring [name of Service Provider] on [contact phone number] Email: [Service Provider email address]

About my work situation

Talk to your manager, supervisor, agency human resources area or union representative.

Further information:

- Relevant agency policy and procedures
- Fitness for duty: Medical assessments for non-work related injuries and medical conditions (DRAFT)
- Medical Assessment Services for the NSW Public Sector (PSC Guidelines G2015_004)

February 2016

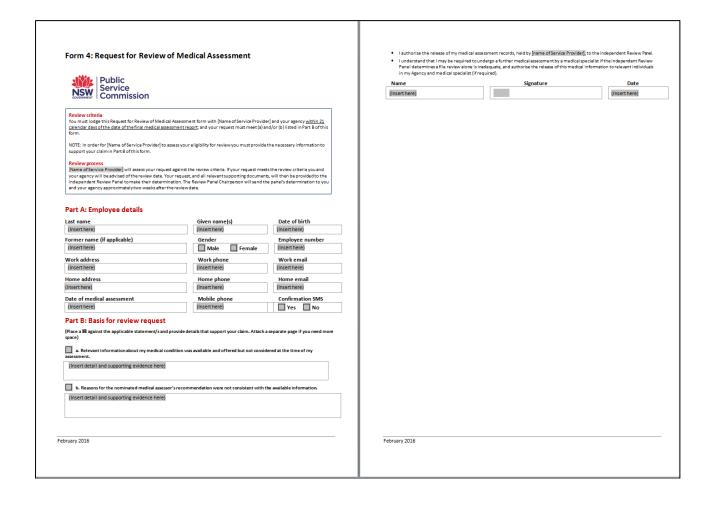
Form 3: Privacy and Consent to Release Medical Information

Agency provides to the employee. Employee signs form and provides to the medical assessor (Service Provider) at the medical assessment appointment.

	S				70 11 1	
Surname Date of birth	(Insert here)		Giver Male	n name(s)	(Insert here)	
Date of birth	(Insert here)	=	emale	Agency	(Insert here)	
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Form 4: Request for Review of Medical Assessment

Employee must complete and provide to the Agency and Service Provider when requesting a review of a medical assessment.

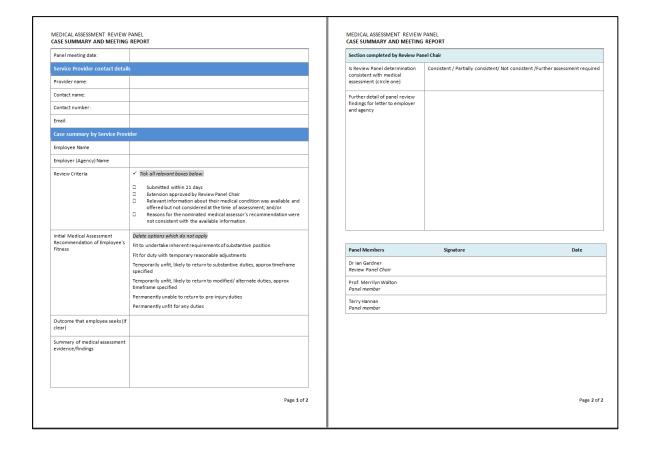


Template 1: Review Panel letter - Time extension

Medical Assessment Review Panel Employee's name Address 1 Address 2 Suburb State Postcode Date Dear Mr/Ms Last Name Subject: Independent Review Panel Decision - Review Number: Number I refer to your request for an extension of time to request a review of your medical assessment outcome by the independent review panel. The panel has examined your submission and its determination is to [allow/disallow] your request for a time extension. [If the request is allowed the employee has an additional 14 days to submit their request: You now have until [insert date 35 calendar days from the date of the final medical assessment report] to submit your request to your Agency and [Name of Service Provider]. The panel is a group of independent experts contracted by the NSW Public Service Commission to review medical assessment outcomes commissioned by public sector agencies. The panel's determinations are conclusive and final. [Insert name of Service Provider] is contracted to provide administrative support to the panel and does not provide comment on the panel's determinations. I have sent a copy of this letter to your Agency for its attention. Yours sincerely Dr Ian R Gardner MBBS MPH FAFOEM Independent Review Panel Chair Cc: Agency name

Template 2: Case summary and meeting report

A summary of the case is prepared by the Service Provider on this template which is provided to the independent Review Panel along with completed Form 4 and relevant medical documents. The form, with the decision of the Review Panel, is returned to the Service Provider after the Review Panel meeting.



Template 3: Review Panel letter – Outcome

Service Provider to draft review outcome for Panel Chair approval before sending it onto the employee who requested the review and their Agency.

	Medical Assessment Review Panel
Employee na Address 1 Address 2 Suburb State	
Date	
Dear Mr/Ms	Last Name
Subject:	Independent Review Panel Decision - Review Number: Number
I refer to you Panel (panel)	r request for a review of your medical assessment outcome by the independent Review
assessor's red	t on date and has carefully reviewed the available medical information and the medica commendation that you [insert initial assessment outcome, including recommended ractice modifications].
available info	ds this recommendation is [consistent/partially consistent/not consistent] with the rmation and recommends that [insert panel recommendation, including an edworkplace/practice modifications].
review outco	group of independent experts contracted by the NSW Public Service Commission to mes of medical assessments that have been commissioned by NSW public sector nel determinations are conclusive and final.
	of Service Provider] is contracted to provide administrative support to the panel. They le comment on the panel's determinations.
	copy of this letter to your Agency for their attention. If you require any clarification on lease contact your Agency.
Yours sincere	ly
	ner MBBS MPH FAFOEM Review Panel Chair
Cc: Agency N	lame

Template 4: Review Panel letter - Further assessment

Service Provider to use when an Agency requests the Service Provider to arrange the assessment on the recommendation of the Review Panel.

Medical Assessment Review Panel
Employee name Address 1 Address 2 Suburb State Postcode
Date
Dear Mr/Ms Last Name
Subject: Independent Review Panel Decision - Review Number: Number
I refer to your request for a review of your medical assessment outcome by the independent review panel.
The independent review panel has carefully examined your medical evidence and it recommends a further assessment by a specialist type to determine your capacity.
The booking details for your further assessment are below.
Appointment date: Day Date
Appointment time: HH:MM
Specialist: Dr Name, type
Appointment location: Address
I have sent a copy of this letter to your employer for their attention.
Yours sincerely
Dr Ian R Gardner MBBS MPH FAFOEM Independent Review Panel Chair
Cc: Agency Name