

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 Template 2	To provide Review Panel with key points of each case and for the panel to note its decision.	<p>Service Provider to provide employee details and summary of medical assessment to the Review Panel.</p> <p>Review Panel to note its decision and any recommendations for work place/practice modification.</p> <p>Note: Service Provider drafts the Review Panel letter - Outcome (Template 3) from the Review Panel's meeting notes.</p>	
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	<p>When requested by the Agency to arrange further assessment on the recommendation of the Review Panel.</p> <p>This is letter sent to the employee and Agency</p>

FORM 1: Agency Referral for Medical Services

Agency provides to the Service Provider when requesting a service

Form 1 - Agency Referral for Medical Services

Service Providers

This form is part of the Agency Agreement (Standard Form of Agreement) and incorporates all parts, terms and conditions and other documents listed in clause 2 of the Agency Agreement as if repeated in full in this Agency Referral for Medical Services form.

This form may only be modified with agreement of the Principal/Agency.

Agencies

The following form must be completed by Agencies when referring an employee to a Service Provider on the *Prequalification Scheme: Employment Related Medical Services* for any of the following services:

- Medical assessments
- Administrative support to the Review Panel
- Validation of medical certificate
- Pre-employment and periodic employee health assessment
- Other employment related medical services, including:
 - Functional capacity assessment and advice services
 - Vaccinations
 - Blood and alcohol testing
 - Employee health and wellbeing programs

A list of prequalified Service Providers on the *Prequalification Scheme: Employment Related Medical Services* available on the NSW Government [ProcurePoint website](#).

Please complete ALL of Parts A, B, and C, and Part D, where applicable.

The agency head or authorised delegate must sign this form and any written report. Incomplete forms will be returned to agencies.

Submitting the request
Please email this form to [name of Service Provider] at [insert Service Provider email address]

Cancelling the request
Please advise [name of Service Provider] directly on [phone contact of Service Provider] or [email address of Service Provider] to cancel a referral request. A cancellation fee may apply.

Part A: Service requested
A description of the services is available in Schedule 2 of the Scheme Conditions

Place a ☐ in the relevant box(es)

☐ **Medical assessment**
Please complete Part D

☐ **Review of medical assessment by the independent Review Panel**

- ☐ Employee's Request for Review of Medical Assessment form (Form 4) and all relevant medical documents are attached;
- OR
- ☐ Employee's Request for Review of Medical Assessment form (Form 4) is attached, all relevant medical documents will be provided shortly.

☐ **Medical Certificate Validation** (Please attach employee's leave application, medical certificate and consent to release medical information)

☐ **Pre-placement or Periodic Health Assessment**
Please attach inherent role requirements and demands.

- ☐ a. Standard health assessment; or
- ☐ b. Standard health assessment with additional service options (specify):

Specify additional pre-placement/periodic requirements

- ☐ c. The potential employee's signed health declaration (attached) indicates they are aware of a health condition which may have an impact on their ability to perform the inherent requirements and demands of the role.
- ☐ d. The inherent job requirements refer specifically to essential role requirements and demands e.g. physical, sensory and psychological capacities or contact with physical, biological and chemical hazards.

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☐ 5. Other optional health services negotiated with service provider (specify):

Specify service requirements

Part B: Employee/Potential Employee to be assessed

Last name	Given name(s)	Date of birth:
Former name (if applicable)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Employee number
Work address	Work phone	Work email
Home address	Home phone	Home email
Role title	Mobile phone	

Interpreter required ☐ Yes ☐ No If 'Yes', what language

If a current employee:
Is employee currently on duty? ☐ Yes ☐ No Date employee started in their substantive position

Part C: Agency details

Cluster Department	Agency
Agency contact (for information / results / report)	Contact's position title
Address	Phone / Mobile
Service Provider	Email
Name of Service Provider contact person and position	
Contact phone and email:	
Phone / Mobile	Email

Part D: Checklist for medical assessment

<input type="checkbox"/>	Basis for referral
<input type="checkbox"/>	Description of inherent requirements and demands of the position
<input type="checkbox"/>	Outline the health-related issue(s) that is/are affecting the ability to perform the inherent requirements and demands of the position (including sick leave records and recent medical certificates)
<input type="checkbox"/>	Specific question(s)
<input type="checkbox"/>	Agency proposals
<input type="checkbox"/>	Previous referrals
<input type="checkbox"/>	Confirmation that referral is for a non-work related health issue

Authorisation (Agency Head or authorised delegate)

Name	Role title	Date
Signature		

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SCHEME CONDITIONS | SCHEDULE 4 | FORM 1 Agency Referral for Medical Services 17/02/2016

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.

Form 2 - Employee Acknowledgment	Sample covering letter to employee						
<p>[Insert Agency logo]</p> <p>I confirm that I have received my Agency's letter of [insert date] and copies of the documents that my Agency has sent to [insert Service Provider name] in relation to my medical assessment.</p> <p>The documents are:</p> <ol style="list-style-type: none">1. Agency Referral for Medical Services form; and2. A written brief to [insert Service Provider name] that details the information about my health related issue(s). <table border="0"><tr><td>Employee's name</td><td>Employee's signature</td><td>Date</td></tr><tr><td><input type="text" value="[Insert Name]"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> <p>Return to:</p> <p>[insert Name of Agency contact] [insert role title of Agency contact person] [insert Address 1] [insert Address 2] [insert Address 3]</p> <hr/>	Employee's name	Employee's signature	Date	<input type="text" value="[Insert Name]"/>	<input type="text"/>	<input type="text"/>	<p>[insert employee name] [insert Address 1] [insert Address 2] [insert Address 3]</p> <p>[insert Date]</p> <p>Dear [insert Mr/Ms] [insert Last Name]</p> <p>Subject: Copy of Medical Assessment Request Documents</p> <p>The [insert Agency name] has requested [insert Service Provider] to arrange for you to undergo a medical assessment.</p> <p>I have enclosed copies of the referral information sent to [insert Service Provider] to inform the medical assessment. This includes an Agency Request for Medical Services form and a written report containing the basis for the referral; the inherent requirements and demands of your assigned role; an outline of any relevant health related issue(s) and how this is seen to be affecting your work performance; and other relevant information.</p> <p>I have also enclosed the following documents:</p> <ul style="list-style-type: none">• Employee's acknowledgement form for your signature and return• Information sheet: Employee Information – Medical Assessments for your information• Privacy and consent to release medical information form to take with you to your medical assessment appointment• Employee Assistance Program for your information. <p>You may send additional comments or information about the enclosed information or same health related issue to [insert Service Provider] at [insert Service Provider email address]. If you do so, it would assist if you were to send a copy to [Agency contact person] at [Agency contact person email address] to ensure that the Agency has all the relevant information in decision-making.</p> <p>[insert Service Provider] will contact you soon to arrange an appointment for your medical assessment.</p> <p>You may choose to have a support person accompany you at the medical assessment. You may also request an interpreter, if required.</p> <p>Please let me know that you have received the information referred to [insert Service Provider name] by signing and returning the Employee's Acknowledgement of Receipt form to [Agency contact person] at [Agency contact person email address] by [insert date].</p> <p>Yours sincerely</p> <p>[insert Name] [insert Title]</p> <hr/>
Employee's name	Employee's signature	Date					
<input type="text" value="[Insert Name]"/>	<input type="text"/>	<input type="text"/>					

INFORMATION SHEET: Employee Information – Medical Assessments



Public Service
Commission

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 copy the *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 new documentation 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.

Form 3: Privacy and Consent to Release Medical Information

Employee details

Surname	(Insert here)	Given name(s)	(Insert here)
Date of birth	(Insert here)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Agency (Insert here)

Privacy and consent

The purpose of this employment related medical assessment is to provide a medical opinion/advice regarding your fitness to safely carry out the inherent requirements and demands of your role. The medical assessor will not provide any treatment as part of the assessment but may recommend that treatment be discussed with your treating doctor/health practitioner.

In order to provide effective advice/opinions and for the purpose of undertaking the medical assessment, the <Insert Service Provider> medical assessor may need to contact your treating doctor/health practitioner to obtain medical information, opinions or results of investigations relevant to the assessment. This form authorises <insert Service Provider> to:

- collect medical information relevant to the employment related medical assessment from your treating doctor/health practitioner; and
- disclose medical advice/opinions from your medical assessment, including some or all information collected, including any test results, to relevant individuals in your agency, and, if you seek a review of the assessment, to the Review Panel.

This form authorises <insert Agency> to:

- collect medical information relevant to the employment related medical assessment from <Insert Service Provider>
- disclose any medical information relevant to the employment related medical assessment to <insert Service Provider>, and, if you seek a review of the assessment, to the Review Panel.

If you have any questions about the information to be released, you should discuss it with the medical assessor at the time of the assessment.

CONSENT TO PROVIDE MEDICAL INFORMATION

I hereby **consent** to medical information which is relevant to the employment related medical assessment requested by <insert Agency> on [date of Agency Referral] being released by those listed below to a <Insert Service Provider> medical assessor

Treating medical health practitioner	Address and phone number
X	
X	

I understand that the purpose of the medical assessment is to assist <insert Agency> to determine my fitness to safely carry out the inherent requirements and demands of my role and I hereby **consent** to the release of any medical information which is relevant to the employment related medical assessment (including, but not limited to, the medical assessment report), to relevant individuals in my agency.

Employee signature

Date

X


Medical assessor name:

Medical assessor signature

Date

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.

Form 4: Request for Review of Medical Assessment			
<div>Public Service Commission</div> <div>Review criteria You must lodge this Request for Review of Medical Assessment form with [Name of Service Provider] and your agency <u>within 21 calendar days of the date of the final medical assessment report</u> and your request must meet (a) and/or (b) listed in Part B of this form. NOTE: In order for [Name of Service Provider] to assess your eligibility for review you must provide the necessary information to support your claim in Part B of this form. Review process [Name of Service Provider] will assess your request against the review criteria. If your request meets the review criteria you and your agency will be advised of the review date. Your request, and all relevant supporting documents, will then be provided to the independent Review Panel to make their determination. The Review Panel Chairperson will send the panel's determination to you and your agency approximately two weeks after the review date.</div>		<ul style="list-style-type: none">I authorise the release of my medical assessment records, held by [Name of Service Provider], to the independent Review Panel.I understand that I may be required to undergo a further medical assessment by a medical specialist if the independent Review Panel determines a file review alone is inadequate, and authorise the release of this medical information to relevant individuals in my Agency and medical specialist (if required). <div><div>Name (insert here)</div><div>Signature (insert here)</div><div>Date (insert here)</div></div>	
Part A: Employee details			
Last name (insert here)		Given name(s) (insert here)	
Former name (if applicable) (insert here)		Date of birth (insert here)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Employee number (insert here)	
Work address (insert here)		Work phone (insert here)	
Home address (insert here)		Work email (insert here)	
Home phone (insert here)		Home email (insert here)	
Date of medical assessment (insert here)		Mobile phone (insert here)	
		Confirmation SMS <input type="checkbox"/> Yes <input type="checkbox"/> No	
Part B: Basis for review request			
(Place a <input checked="" type="checkbox"/> against the applicable statement/s and provide details that support your claim. Attach a separate page if you need more space)			
<input type="checkbox"/> a. Relevant information about my medical condition was available and offered but not considered at the time of my assessment. (insert detail and supporting evidence here)			
<input type="checkbox"/> b. Reasons for the nominated medical assessor's recommendation were not consistent with the available information. (insert detail and supporting evidence here)			
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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.

MEDICAL ASSESSMENT REVIEW PANEL CASE SUMMARY AND MEETING REPORT	
Panel meeting date:	
Service Provider contact details	
Provider name:	
Contact name:	
Contact number:	
Email:	
Case summary by Service Provider	
Employee Name	
Employer (Agency) Name	
Review Criteria	<input checked="" type="checkbox"/> <u>Tick all relevant boxes below:</u> <input type="checkbox"/> Submitted within 21 days <input type="checkbox"/> Extension approved by Review Panel Chair <input type="checkbox"/> Relevant information about their medical condition was available and offered but not considered at the time of assessment; and/or <input type="checkbox"/> Reasons for the nominated medical assessor's recommendation were not consistent with the available information.
Initial Medical Assessment Recommendation of Employee's Fitness	<u>Delete options which do not apply</u> Fit to undertake inherent requirements of substantive position Fit for duty with temporary reasonable adjustments Temporarily unfit, likely to return to substantive duties, approx timeframe specified Temporarily unfit, likely to return to modified/alternate duties, approx timeframe specified Permanently unable to return to pre-injury duties Permanently unfit for any duties
Outcome that employee seeks (if clear)	
Summary of medical assessment evidence/findings	

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MEDICAL ASSESSMENT REVIEW PANEL CASE SUMMARY AND MEETING REPORT	
Section completed by Review Panel Chair	
Is Review Panel determination consistent with medical assessment (circle one)	Consistent / Partially consistent/ Not consistent /Further assessment required
Further detail of panel review findings for letter to employer and agency	

Panel Members	Signature	Date
Dr Ian Gardner Review Panel Chair		
Prof. Marilyn Walton Panel member		
Terry Hannan Panel member		

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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 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 (panel).

The panel met on date and has carefully reviewed the available medical information and the medical assessor's recommendation that you [insert initial assessment outcome, including recommended workplace/practice modifications].

The panel finds this recommendation is [consistent/partially consistent/not consistent] with the available information and recommends that [insert panel recommendation, including an recommended workplace/practice modifications].

The panel is a group of independent experts contracted by the NSW Public Service Commission to review outcomes of medical assessments that have been commissioned by NSW public sector agencies. Panel determinations are conclusive and final.

[Insert name of Service Provider] is contracted to provide administrative support to the panel. They do not provide comment on the panel's determinations.

I have sent a copy of this letter to your Agency for their attention. If you require any clarification on this matter, please contact your Agency.

Yours sincerely

Dr Ian R Gardner MBBS MPH FAFOEM
Independent Review Panel Chair

Cc: Agency Name

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