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Working Well
Your Occupational Health Service

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Health Assessment for fitness to undertake PMVA, PBM and Breakaway Training and DVLA Group 2 Driver's Standards	**Issue 1: SEP 2017** **WWF- 097**

PERSONAL DETAILS – TO BE COMPLETED BY CANDIDATE - *Please complete in block capitals or type*			
Surname			
Forename			
Title		Date of Birth	
Maiden/previous name			
Personal email			
Home phone number			
Mobile number			
Home Address			
Postcode			
Employer			
Job Title			
Manager			
Contact Number			
E-OPAS number			
Risk Assessment indicates DVLA Group 2 Medical standards required	Yes ☐	No ☐	

Part B to be completed with OH Practitioner

Applicable Medical History	**YES**	**NO**
Do you have free movement of arms, legs and neck?	☐	☐
Have you had any treatment for back, neck or joint pain with more than over the counter medication and/or longer than 2 weeks including dislocation of any joint, joint replacement or surgery of any kind	☐	☐
Do you have diabetes Insulin controlled?	☐ ☐	☐ ☐
Have you ever had any heart or cardiac problems including MI, surgery, arrhythmias, angina or high blood pressure	☐	☐
Have you ever suffered from any kind of stroke or weakness/loss of coordination of any limb, fit, blackout, epilepsy or loss of consciousness	☐	☐
Have you ever had any dizziness or balance problems?	☐	☐
Do you or have you ever had any hearing related problems or wear hearing aids?	☐	☐
Do you or have you ever had any vision problems **excluding** requiring reading or driving glasses/contact lenses?	☐	☐
Have you had any mental health problems including mild to severe anxiety or	☐	☐

depression, psychosis, self harm?		
Have you ever had or been treated for an alcohol or drug related problem?	☐	☐
Do you drink alcohol? If yes - units per week?	☐	☐
Are you receiving or on a waiting list for any health related treatment or investigation from any type of health care professional?	☐	☐
Have you ever had any treatment or investigations for snoring or sleep apnoea?	☐	☐
Further details from any 'YES' above		
Medication & Dosage (other than contraception)		
I confirm that I have advised the OH Practitioner of the correct and full medical information above.		

Signature		**Date**	

Part B To be completed by OH Clinician - Investigations and assessments

Pulse (1min)	1		2		Regular	No ☐	Yes ☐
Blood Pressure				1	2	3
If BP above 140/90 – repeat test at 5 minute intervals when at rest. *Advise to see GP if remains elevated.*						
Urinalysis - Glucose detected	No ☐			Yes ☐		
Balance (Rombergs)	Achieved standard				No ☐	Yes ☐
No shoes – stand for 30 seconds with arms crossed and eyes closed – some sway is normal						
Hearing	Any difficulty with normal conversation?				No ☐	Yes ☐
Describe issues:						
Positive diagnosis of osteoporosis	Yes ☐			No ☐		
Dislocation of any joint	Yes ☐			No ☐		
If 'YES' please provide details						

Mobility and Flexibility Assessments

This is a general assessment of flexibility in relation to movements required for PMVA, PBM and Breakaway training. Clinical discretion should be used. ***Consideration should be given to speed of movement or any guarding or hesitation****.*
Advice from either OH Physiotherapist or physician may be required if concerns are noted. Further advice may also be required from the individual's GP or Specialist.

Neck

Start position for each stage - stand with head in neutral position

Chin on chest	No ☐	Yes ☐
Head turn to left (90º)	No ☐	Yes ☐
Head turn to right (90º)	No ☐	Yes ☐
Head tip backwards	No ☐	Yes ☐

Any history of neurological symptoms d/w OH Physio and if appropriate write to GP for further information

Shoulder, elbows, wrist and hands

Hands meet – L hand to base of neck, R hand to mid back level	No ☐	Yes ☐
Hands meet – R hand to base of neck, L hand to mid back level	No ☐	Yes ☐
Hands behind head, bring elbows backwards	No ☐	Yes ☐
Hands behind head, bring elbows forwards to protect face	No ☐	Yes ☐
Compress hands into praying position	No ☐	Yes ☐
Clench left hand into fist then straighten fingers	No ☐	Yes ☐
Clench right hand into fist then straighten fingers	No ☐	Yes ☐
Grip test left hand without pain or discomfort	No ☐	Yes ☐
Grip test right hand without pain or discomfort	No ☐	Yes ☐

Hips, knees and ankles

Frog squat to touch floor and stand unaided	No ☐	Yes ☐ *
Lie on front on floor, bring knees up towards chest, then stand unaided	No ☐	Yes ☐ *
Tiptoe walking 10 steps	No ☐	Yes ☐
Heel walking 10 steps	No ☐	Yes ☐
Right knee lunge to standing	No ☐	Yes ☐
Left knee lunge to standing	No ☐	Yes ☐

Back

Start position for each stage - stand upright then:

slide hands forwards and down to reach mid shin	No ☐	Yes ☐
slide left hand down side of thigh to just above L knee	No ☐	Yes ☐
slide right hand down side of thigh to just above R knee	No ☐	Yes ☐
Stand with hands on hips - flex backwards	No ☐	Yes ☐
Stand upright, twist to touch outer side of left knee with R hand	No ☐	Yes ☐
Stand upright, twist to touch outer side of right knee with L hand	No ☐	Yes ☐

Any history of neurological symptoms d/w OH Physio and if appropriate write to GP for further information

***Not applicable for Breakaway Training**

Vision

Glasses or contact lenses for

Near vision No ☐ Yes ☐

Distance vision No ☐ Yes ☐

Date of last optician's vision test	

Distance

Eye(s)	Snellen - uncorrected	Snellen - corrected
Left		
Right		
Bilateral		

Peripheral vision – by confrontation

Within normal range

Left No ☐ Yes ☐

Right No ☐ Yes ☐

Up No ☐ Yes ☐

Down No ☐ Yes ☐

Always refer to the current DVLA Group 2 Medical Standards on the Internet. They are updated 6 monthly

Actions by OH Practitioner

☐ **Further Information required** ☐ **Discussion with OHA or OP required**

Meets Group 2 Medical Standards ☐ **No** ☐ **Yes**

Meets Breakaway Standards ☐ **No** ☐ **Yes**

Meets PMVA Standards ☐ **No** ☐ **Yes**

Outcome Report Sent ☐ **No** ☐ **Yes**

Practitioner Name:			
Signature		**Date**	