

THIS INFORMATION IS CONFIDENTIAL TO WORKING WELL

Health Assessment for fitness to undertake PMVA, PBM and Breakaway Training and DVLA Group 2 Driver's Standards	Issue 2: DEC 2023 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	
<i>If BP above 140/90 – repeat test at 5 minute intervals when at rest. Advise to see GP if remains elevated.</i>					
Urinalysis - Glucose detected	No		Yes		
Balance (Rombergs)	Achieved standard		No	Yes	
<i>No shoes – stand for 30 seconds with arms crossed and eyes closed – some sway is normal</i>					
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 (90°)	No	Yes
Head turn to right (90°)	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		

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	

Privacy Notice

No personal information held by us will be processed unless the requirements for fair and lawful processing can be met.

Our Privacy Notice, which can be accessed at <https://www.workingwellglos.nhs.uk/privacy-notice/> provides a summary of how we will ensure we meet these requirements.