



Australian Government  
Department of Defence

## HEALTH CLEARANCE EXEMPLAR

Dear

We would like to advise you to seek medical advice as a result of the ADF Cadets program:

- a. review of the information provided in your application for participation; or
- b. the cadet unit to which you participate has conducted an activity risk assessment.

This clearance is in accordance with the requirements outline in the ADF Cadets Health and First Aid policy contained in the Youth Policy Manual.

Before continuing with your application/participation in the ADF Cadets program please ask your Doctor or Allied Health Practitioner (Physiotherapist, Dietician, Exercise Physiologist etc) to complete this form or provide a medical clearance on clinic letterhead and return the form to us at your earliest opportunity.

The ADF Cadets provides adventurous activities such as hiking, sailing, canoeing, basic survival skill, fieldcraft, abseiling, flying, gliding and orienteering.

In order to provide best practice approach to participants, if your Doctor or Allied Health Practitioner requires further information he/she can contact me on (insert relevant POC details):

The following information is to be completed by a Medical Doctor or Allied Health Practitioner (Clinic letterhead required):

I.....(Dr/AHP Name)  
 have examined.....(participants name)

and find this person **FIT / UNFIT** (please indicate) to participate in ADF Cadets program provided that the following guidelines are adhered to (Please list any restrictions/adjustments that should apply to the activities):

.....  
 .....  
 .....

Signature of Examiner.....

Clinic Address.....

Phone..... Fax..... Provider Number.....

Date of Examination.....