



GUIDE 6: MEDICAL AND PHYSICAL CONDITIONS MANAGEMENT

Enclosure 1

Defence Youth Engagement Activity Health Clearance Form

Dear

We would like to advise you to seek medical advice based of the information provided in your application for participation in a Defence Youth Engagement program or activity. This clearance is in accordance with the requirements under the Work Medical Safety Act 2011. Defence personnel must take reasonable care of their own health and safety and ensure that their actions or omissions do not adversely affect the health and safety of others. Maximising the inclusivity requires an approach that balances an understanding of individual medical needs with WHS responsibilities.

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

Defence youth engagement activities may consist of adventurous activities such as _____

(hiking, sailing, canoeing, basic survival skill, field craft, abseiling, flying, gliding and orienteering).

In order to provide best practice approach to participants, if your Doctor or Allied Medical 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 Medical Practitioner (Clinic letterhead required):

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

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

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Signature of Examiner.....

Clinic Address.....

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

Date of Examination.....