

TASK ANALYSIS FORM

THIS FORM NEEDS TO BE COMPLETED AND PROVIDED TO OUR CLINIC PRIOR TO THE PRE-EMPLOYMENT MEDICAL EXAMINATION BEING PERFORMED

COMPANY NAME: _____
 RECRUITMENT AGENCY NAME (If applicable): _____
 CONTACT: _____ TELEPHONE: _____

APPLICANTS DETAILS

NAME: _____ DATE OF BIRTH: _____
 ADDRESS: _____
 PHONE (H): _____ MOBILE: _____ WORK: _____

MEDICAL REQUIREMENTS

(Please tick appropriate requirements)

	COMPANY	NURSE	DR
MEDICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUDIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
URINE DRUG / ALCOHOL SCREEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSTANT UDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPIROMETRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.C.G.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEST X-RAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LUMBAR SPINE X-RAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLOOD TEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL SIGNED BY CANDIDATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETE MEDICALS EMAILED, POSTED OR FAXED TO:

E-MAIL ADDRESS: _____
 ATTENTION: _____
 ADDRESS: _____
 TELEPHONE: _____ FAX: _____

ACCOUNT MEDICALS EMAILED, POSTED OR FAXED TO:

E-MAIL ADDRESS: _____
 ATTENTION: _____
 ADDRESS: _____
 TELEPHONE: _____ FAX: _____

- >Dr P A GILES M.B.B.S., Dip. R.A.C.O.G., Grad.Dip.Occ.H. Prov. No. 470 581 X
- >Dr P J LACKNER M.B.B.S., F.R.A.C.G.P., Dip.Sports Med. Prov. No. 95340 EW
- >Dr M A KILEY M.B.,BS F.R.A.C.G.P., Prov. No. 95399 JX
- >Dr S BANSAL M.B.B.S., F.R.A.C.G.P., Prov. No. 252 6157 A
- >Dr A HERATH B.A.B.Sc., B.M.B.S., F.R.A.C.G.P. Prov. No. 2474348 W
- >Dr P BEVZ M.B.B.S. 0193675 J



QIP/AGPAL
 SPECIALIST IN ACCREDITATION,
 QUALITY AND RISK MANAGEMENT

- >Dr L M O'KEEFE M.B.B.S. Prov. No. 365 895 J
- >Dr J SONG M.B.B.S., F.R.A.C.G.P., Ph.D Prov. No. 229 2627 B
- >Dr F L WILK M.B.B.S. Prov. No. 327177 Y
- >Dr R TULADHAR M.B.B.S. F.R.A.C.G.P.D.C.H., Ph.D Prov. No. 2134248F
- >Dr G STABELOS MB., BS., B.App.Sc(Chiro.) Grad. Dip. Exercise & Sports Sc FIACA, FRACGP., Prov No. 2736208B