about department of community safety

Queensland’s Department of Community Safety (DCS) has an integral role in supporting and promoting healthy, safe and secure communities through public safety, emergency management and secure and appropriate corrective services.

DCS employs approximately 10,350 full time and part time employees, and is supported by more than 55,000 volunteers across Queensland.

The four operational Divisions of the DCS are Queensland Ambulance Service, Queensland Fire and Rescue Service, Emergency Management Queensland and Corrective Services Queensland.

about queensland ambulance service

Queensland Ambulance Service (QAS) provides ambulance services to the public, health institutions, community and sporting groups, businesses, medical research bodies and other Government agencies.

QAS aims to improve the health, wellbeing and quality of life of the community through the delivery of high quality pre-hospital emergency care, specialised transport services and a range of related preventative and community services.

Ambulance services across Queensland are coordinated through seven Regional Offices located in Cairns, Townsville, Rockhampton, Caloundra, Brisbane, Beenleigh and Toowoomba.

QAS services are provided from over 230 locations throughout the State.

the job is more than just sirens and flashing lights

The role of a Paramedic entails much more than zipping through traffic with sirens blazing. Paramedics are the front line of the Queensland Ambulance Service, dealing with emergency and non-emergency situations each working moment.

With specialist skills, equipment and medication, usually only found in a hospital’s emergency room, Paramedics examine, treat and provide the highest possible quality of care to their patients.

QAS Paramedics are required to assist in a range of motor vehicle accidents, medical emergencies inside and outside domestic premises, building sites and public areas.

Paramedics also often work with other members of emergency services including firefighters and SES volunteers.

Furthermore, Paramedics within QAS may also follow careers in educational or clinical support roles, as frontline supervisors or senior and executive managers.

undergraduate student clinical placement arrangements (November 2010)

The Queensland Ambulance Service is committed in providing clinical placement opportunities for undergraduate students who are enrolled in a degree of Paramedical Health Science, or similar, with any one of the partnering Universities from across the state.

As part of their degree studies, students are required to complete a number of weeks of clinical placement with a qualified Advanced Care Paramedic to reinforce their studies and skills acquired as part of their degree.

Prior to undertaking any clinical placement with the QAS, the University must ensure that students have completed the following mandatory requirements at no cost to, and to the satisfaction of, the Queensland Ambulance Service, no less then eight (8) weeks prior to the commencement date of the clinical placement.

The purpose of these requirements is to ensure that the student, and the QAS staff and patients/clients, are not put at risk and that the QAS continues to meet its required obligations and expectations.

QAS mandatory requirements

Students must complete all the QAS mandatory requirements prior to being approved by QAS for clinical placement.

The mandatory requirements are;

- **QAS Medical Assessment**
  Undergraduate students are required to undergo a QAS Medical Assessment, which includes Hepatitis B immunisation. Information relating to the Medical Assessment can be found on pages 2 through 9.

  Please note: Hepatitis B immunisation can take up to 7 months from first injection to complete the full course. You will need to consult your GP on the best course for you as there maybe varying options available. For further information pertaining to QAS Hepatitis B immunisation requirements and other medical assessment information can be found in the QAS Medical Standards on pages 3 & 4.

- **QAS Health Related Fitness Assessment (HRFA)**
  In conjunction with the QAS Medical Assessment, students will be required to undertake the HRFA by a provider approved by the QAS. Information relating to the HRFA can be found on pages 10 through 15.

- **Criminal History Clearance Report**
  Students will be required to obtain a national criminal history report through their local Queensland Police Station which shows there are ‘No Disclosable Court Outcomes’.

  Students who have a criminal history will not necessarily be precluded from doing clinical placement with the QAS, however the student will be requested to provide evidence to the QAS in relation to those matters and QAS will make an informed decision based on the evidence and information provided.

  Please note: obtaining a Criminal History Clearance can take up to 6 weeks. If any disclosable court outcomes are recorded, the process to obtain clearance from QAS may take several weeks longer. Further information relating to criminal history clearance can be found on page 18.

- **University Student Clinical Placement Induction**
  This will be conducted at the University prior to commencing clinical placement. Information provided in the induction will cover such things as QAS Code of Conduct, Roles and Responsibilities of the student, Uniform attire and presentation, and Workplace Health and Safety information and requirements.
introduction to the medical assessment

The nature of the Queensland Ambulance Service (QAS) operational workplace can at times present risks and hazards to both Paramedics and students. It is therefore important that persons entering the QAS operational workplace have both an acceptable health and fitness level to prevent unnecessary risk to themselves and others.

Apart from its general employer obligations as a service provider, QAS has further occupational health and safety responsibilities to ensure persons in the workplace meet these health and fitness requirements.

The following medical assessment has been determined using the ‘Medical Standards for Paramedics’ which reflects the level of health and fitness generally required to minimise the risk to the health and safety of persons in the QAS operational workplace.

The ‘Medical Standards for Paramedics’ also provides a useful reference for review by undergraduate students who may seek to apply for permanent employment with QAS following their graduation.

Therefore Undergraduate students are required to undertake a Medical Assessment prior to the commencement of clinical placement offered by QAS. Medical assessment comprises completion of a health related questionnaire by the undergraduate student and a medical assessment performed by a Medical Officer (General Practitioner) using the QAS Medical Assessment Forms provided in the package.

The completed Medical Assessment forms are then required to be provided to QAS for review via the sponsor University. The medical assessment requires approval from the QAS Medical Director prior to the commencement of the clinical placement period and remains current for three (3) years or as otherwise determined by the Medical Director. Those undergraduate students who are enrolled in a four (4) year Dual Degree, the Medical will remain current for the 4 years or as otherwise determined by the Medical Director.

Medical illness or physical conditions assessed as presenting an unacceptable level of risk to the individual or QAS in having the undergraduate student attend a QAS operational workplace, will be advised to the student and the sponsor University.

Undergraduate students who provide their medical assessment form must also notify the QAS Medical Director in writing, of any change to their health or fitness during the period that would reasonably be expected to be advised to QAS, that may affect the decision to allow the student continued access to the QAS operational workplace on clinical placement.

Medicals which are received by QAS, that are over twelve (12) months old (from date Medical Officer completed) the Undergraduate student may be requested to supply a Supplementary Medical Assessment Form. This Supplementary Medical Assessment form is only required to be filled out by the student and does not require a further Medical Officer assessment.

NB: Medicals assessed for clinical placement are valid for the purpose of unpaid clinical placement only. If students enter into a paid employment arrangement with QAS, then the QAS Medical Director may request a new complete Medical Assessment as a requirement of employment with the QAS.

completing the medical assessment

- The undergraduate student completes Part 1, sections 1, 2, 3, 4 and 5 of the Medical Assessment Form. If a student answers ‘Yes’ to any of the questions in section 2, they must supply additional medical information in the form provided in section 3.

- The undergraduate student then takes the Medical Assessment form to the Medical Officer (General Practitioner) who will then review Part 1, section 2 and 3 and then completes Part 2, sections 6 and 7 of the form. Whilst at the GP the student should ensure they comply with the Hepatitis B immunity requirements of the Medical.

- The completed Medicals should then be submitted to their sponsor University who will forward them onto the QAS once all other mandatory requirements are met. i.e: Hep B Immunity, Health Related Fitness Assessments and Criminal History Checks received.

- Important Note: Whilst students are at the GP undergoing the QAS Medical Assessment they will need to also have the GP complete the ‘Certificate to undertake the Health Related Fitness Assessment’ (HRFA) form. This form then gets taken to the HRFA provider and allows the student to complete the HRFA.
Introduction

a. The role of a Paramedic requires a certain level of physical fitness. Critical job demands include:

Metropolitan

• Sitting and driving (<30 minutes).
• Frequent and sustained squatting and kneeling to access patients at ground level. Some forward bending over patient (<30 minutes).
• Sitting and forward bending to provide clinical/monitoring in the back of a moving ambulance. Some balance required.
• Frequent manual handling of patients (generally two officers), including rolling, positioning, lifting and carrying <180kg patients between knee and waist level, and pushing/pulling trolleys. Assistance is called for heavier patients.
• Manual handling of equipment between ground and above shoulder level (<20kg), lifting and carrying bilateral/unilateral eg Medication boxes, oxy-viva.
• Other demands include shiftwork, work stress, fatigue and irregular eating hours associated with the workload (eg <14 hour work shift).

Regional

• Sitting and driving (<7 hours).
• Frequent and sustained squatting and kneeling to access patients at ground level. Some forward bending over patient (<30 + minutes).
• Sitting and forward bending to provide clinical/monitoring in the back of a moving ambulance. Some balance required.
• Frequent manual handling of patients (generally two officers), including rolling, positioning, lifting and carrying <180kg patients between knee and waist level, and pushing/pulling trolleys. Assistance is called for heavier patients.
• Manual handling of equipment between ground and above shoulder level (<20kg), lifting and carrying bilateral/unilateral.

b. The QAS Medical Standards reflect the inherent requirements of the role of a Paramedic. Applicants are assessed against the Medical Standards to determine their capacity to perform the duties of a Paramedic (i.e. fit for duty).

1. General Reference

Individuals are required to work in shifts, with fluctuations in workload and possible variations in shift duration. QAS measures individuals against the Assessing Fitness to Drive for Commercial and Private Vehicle Drivers Standards criteria.

2. Vision

a. Individuals are required to have good vision to be able to operate a vehicle and perform patient care duties.

b. If an individual has visual acuity worse than 6/9 in the better eye, or worse than 6/18 in either eye, a specialist report, taking into account the critical job demands should be sought.

c. Individuals who experience any diplopia (other than physiological diplopia) when fixing objects within 20 degrees of the primary direction of the gaze are ineligible for appointment.

d. Individuals must not have any indication of night blindness.

e. If an individual has a visual field defect, a specialist report, taking into account the critical job demands should be sought.

f. If indicated by an ophthalmologist or optometrist, the individual will be required to undertake an annual review of their vision.

3. Hearing

a. A loss of more than 40 decibels on the ISO 389 scale (at 500, 1000 and 2000 CPD on a pure tone audiometer) in either ear is considered significant, however may not exclude an individual from appointment. Hearing should be evaluated without the use of artificial aids.

b. If any doubt exists as to an individual’s auditory acuity, a specialist report, taking into account the critical job demands should be sought.

4. Cardiovascular conditions, fainting or blackouts

a. Individuals are required to undertake significant physically and psychologically demanding duties such as prolonged extrications, walking long distances in difficult terrain, and lifting and carrying patients.

b. If an individual suffers from any of the following conditions, a specialist report, taking into account the critical job demands should be sought:

• Angina Pectoris;
• Suspected Angina Pectoris;
• Confirmed myocardial infarction;
• Coronary artery bypass, grafting or coronary angioplasty;
• Vascular disorders;
• Uncontrolled hypertension;
• Valvular heart disease;
• Arrhythmia;
• Cardiomyopathy;
• Congenital heart disorder; or
• Reoccurring fainting or blackouts.

5. Neurological and neuromuscular conditions (excluding epilepsy)

If an individual suffers from any neurological or neuromuscular disorder, a specialist report, taking into account the Assessing Fitness to Drive for Commercial and Private Vehicle Drivers Standards criteria and the critical job demands should be sought.

6. Epilepsy

a. Individuals with a diagnosis of epilepsy/seizures will be measured against the Assessing Fitness to Drive for Commercial and Private Vehicle Drivers Standards criteria.
b. Individuals with a history of febrile convulsions limited to early childhood may ignore this history.

7. Respiratory diseases

If an individual suffers from any obstructive lung disease such as severe chronic asthma, chronic bronchitis or emphysema, a specialist report, taking into account the critical job demands should be sought.

8. Metabolic diseases

Individuals suffering diabetes mellitus may be considered for employment as Paramedic. Some special conditions would need to be considered with regard to geographical placements and/or shift type eg placed in a larger station with day/night shift operations.

9. Psychiatric illnesses, depression or anxiety

a. Where there is a risk that an individual may be compromised by a psychiatric condition or psychological instability, a specialist report, taking into account the critical job demands should be sought.

b. A history of Post Traumatic Stress Disorder (PTSD) may exclude a person from employment as a Paramedic. A written report from a treating Medical Officer may be required.

10. Orthopaedic conditions

a. If an individual has suffered from a back injury that resulted in more than one week off work or full time study, spinal surgery or suffer from chronic back pain, a specialist report, taking into account the critical job demands should be sought.

b. If an individual has suffered from multiple dislocations or reconstructive surgery involving the shoulder, hip, knee or ankle, a specialist report, taking into account the critical job demands should be sought.

c. Individuals are required to have good manual dexterity (for drawing up drugs etc).

11. Medications

There are no issues with an individual’s medication as long as there is no increased likelihood of loss of consciousness or impaired judgement, or ability to undertake hard physical work.

Also, someone with a personal or family history of malignant hyperpyrexia cannot be accepted (because of the use of methoxyflurane in ambulances) UNLESS they have had testing that indicates volatile anaesthetic agents are NOT involved in their case.

12. Substance abuse

A definite history of abuse of any substance (alcohol or drug – either prescription or non-prescription) may exclude a person from employment as a Paramedic. Further testing may be requested at the Medical Director’s discretion.

13. Immunisation

Paramedics are required to undertake direct patient management and therefore, prior to commencing employment, all student paramedics are required to produce acceptable evidence of seroconversion against Hepatitis B. Acceptable evidence includes:

a) a complete, age appropriate course of Hepatitis B vaccine and anti-HBs antibodies greater then or equal to 10mIU/ml; OR

b) documented evidence of Hepatitis B infection.

QAS encourages officers to be immunised against polio, measles, mumps and rubella. Immunisation against TB and Hepatitis A will be offered by QAS to employees in high risk areas.

14. Body Mass Index

Paramedics are required to have a BMI of 33 or less.

\[
\text{BMI} = \frac{\text{mass (in kilograms)}}{\text{height (in metres)}^2}
\]

If an individual believes that their BMI is the result of ethnicity, an abnormal body build or high muscle mass, then they will be required to submit evidence based on floatation or body plethysmography tanks, or a skin fold test from a health professional.
QUEENSLAND AMBULANCE SERVICE  Clinical Placement Medical Assessment Form

As part of the Queensland Ambulance Service (QAS) Clinical Placement Program, undergraduate students are required to undertake the following Medical Assessment.

Steps to completing the Medical Assessment
• Applicants complete Part 1 of the Medical Assessment Form. If an student answers ‘yes’ to any of the questions, they must supply additional medical information. Please refer to Section 3.
• Students then take the Medical Assessment Form to a Medical Officer (General Practitioner).
• The Medical Officer reviews Part 1 and completes Part 2 of the Form.
• Students must then submit the completed Medical Assessment Forms, along with any specialist reports, to their sponsor University and the University will forward to QAS as required once all other necessary mandatory assessment items/documents are received by the university. Forms should not be sent directly to the QAS unless directed by the Medical Directors.

Please note, all information disclosed and recorded on the Medical Assessment Form by the applicant and Medical Officer, will be treated with the strictest confidence. Students are encouraged to submit the Medical Assessment documents to the University in a sealed envelope for the University to pass onto QAS.

PRIVACY INFORMATION
The Department of Community Safety is collecting information on this form for the following purposes:
• to ensure that applicants meet all the requirements for employment with the Queensland Ambulance Service; and
• to ensure the Department discharges its legislative, accountability, administrative, reporting, management, personnel, financial and workplace health and safety functions.

SECTION 1  (To be completed by the student)

UNIVERSITY    COHORT YEAR    STUDENT ID

Title  □ Mr  □ Mrs  □ Miss  □ Ms  □ Other____________________________

GIVEN NAMES    PREFERRED NAME (not nicknames)

SURNAME    DATE OF BIRTH

RESIDENTIAL ADDRESS

POSTAL ADDRESS – Insert ‘as above’ if same as Residential Address

EMAIL

PHONE    HOME    WORK    MOBILE

GENDER  □ MALE  □ FEMALE

What position are you applying for?  What location are you applying for?

Are you an existing Queensland Ambulance Service (QAS) employee?  □ Yes  □ No

Have you previously applied for employment with the QAS?  □ Yes  □ No

SECTION 2 Health Questionnaire (Please refer to the Medical Standards in the Applicant Information Kit)

2.1 Are you currently being treated by a doctor for any injury or illness?  □ Yes  □ No

2.2 Do you currently take any prescribed medications? (eg: sprays, tablets, mixtures, etc)?  □ Yes  □ No
2.3 Have you ever had or been told by a doctor that you have had heart disease, chest pain (angina), a heart attack, any condition requiring heart surgery, high blood pressure requiring medication, sustained palpitations or an irregular heart beat?  
☐ Yes ☐ No

2.4 Have you ever had or been told by a doctor that you have had any blood disease or disorder?  
☐ Yes ☐ No

2.5 Have you ever had or been told by a doctor that you have had any respiratory condition or abnormal shortness of breath?  
☐ Yes ☐ No

2.6 Have you ever had or been told by a doctor that you have had any disease of the liver including Hepatitis?  
☐ Yes ☐ No

2.7 Have you ever had or been told by a doctor that you have had a hernia (rupture) or hiatus hernia?  
☐ Yes ☐ No

2.8 Have you ever had or been told by a doctor that you have had colic of any disease of the bowel?  
☐ Yes ☐ No

2.9 Have you ever had or been told by a doctor that you have had dyspepsia or a disease or ulcer of the stomach or duodenum?  
☐ Yes ☐ No

2.10 Have you ever had or been told by a doctor that you have had dizziness or fainting spells?  
☐ Yes ☐ No

2.11 Have you ever had or been told by a doctor that you have had epilepsy or fits?  
☐ Yes ☐ No

2.12 Have you ever had or been told by a doctor that you have had skin cancers?  
☐ Yes ☐ No

2.13 Have you ever had or been told by a doctor that you have had migraines or persistent headaches?  
☐ Yes ☐ No

2.14 Have you ever had or been told by a doctor that you have had cancer or a tumour of any kind?  
☐ Yes ☐ No

2.15 Have you ever had or been told by a doctor that you have had diabetes?  
☐ Yes ☐ No

2.16 Have you ever had or been told by a doctor that you have had thyroid disease?  
☐ Yes ☐ No

2.17 Have you ever had or been told by a doctor that you have had dermatitis or eczema?  
☐ Yes ☐ No

2.18 Have you ever had or been told by a doctor that you have had deafness or a hearing defect?  
☐ Yes ☐ No

2.19 Have you ever had or been told by a doctor that you have had a bone injury or fracture?  
☐ Yes ☐ No

2.20 Have you ever had or been told by a doctor that you have had a dislocated joint?  
☐ Yes ☐ No

2.21 Have you ever had or been told by a doctor that you have had an ankle or knee injury?  
☐ Yes ☐ No

2.22 Have you ever had or been told by a doctor that you have had a back injury or back pain?  
☐ Yes ☐ No

2.23 Have you ever had or been told by a doctor that you have had foot trouble or difficulty wearing shoes?  
☐ Yes ☐ No

2.24 Are you currently prescribed or have you ever been prescribed any antidepressant medication, antipsychotic medication, anti-anxiety agents, addiction alleviating medications eg naltrexone, methadone?  
☐ Yes ☐ No

2.25 Do you currently suffer or have ever suffered from any of the following: depression, anxiety disorder, post traumatic stress disorder, obsessive compulsive disorders, phobias, addictive behaviours (including alcohol, gambling), substance abuse, illicit drug use, attempted suicide, self harming behaviours, mental illness?  
☐ Yes ☐ No

2.26 Have you ever had or been told by a doctor or optometrist that you have had any abnormal vision, requiring you to wear spectacles or contact lenses? If yes, please attach an optometrist report.  
☐ Yes ☐ No

2.27 Have you ever had or been told by a doctor that you have had colour blindness?  
☐ Yes ☐ No

2.28 Are you allergic to any medication?  
☐ Yes ☐ No

2.29 Has your weight altered in the past 12 months?  
☐ Yes ☐ No
2.30 Have you undergone any surgery for any reason?  
☐ Yes  ☐ No

2.31 Have you been advised to have any operations in the future?  
☐ Yes  ☐ No

2.32 Have you ever been rejected, deferred or loaded for life insurance?  
☐ Yes  ☐ No

2.33 Have you ever suffered from any condition or disability for which you have received workers’ compensation?  
☐ Yes  ☐ No

2.34 Have you ever applied for or been discharged on medical grounds from any employment?  
☐ Yes  ☐ No

2.35 Have you ever been absent from work or full time education through injury or illness for more than one week in the past five years?  
☐ Yes  ☐ No

2.36 Do you have any physical disabilities?  
☐ Yes  ☐ No

2.37 Are there any hereditary diseases in your family?  
☐ Yes  ☐ No

MANDATORY REQUIREMENT
2.38 Have you attached evidence of sero-conversion against Hepatitis B? For example,  
a) a complete, age appropriate course of Hepatitis B vaccine and anti-HBs antibodies greater than or equal to 10mIU/ml: OR  
b) documented evidence of Hepatitis B infection.  
☐ Yes  ☐ No

Your medical assessment form will not be approved until this evidence is provided to the Medical Director, Queensland Ambulance Service.

SECTION 3 Additional Medical Information

If the student answers ‘yes’ to any of the above questions, they must supply additional medical information in the following table.

<table>
<thead>
<tr>
<th>Question no.</th>
<th>Details of condition/history (Provide a specialist or treating practitioner report if available)</th>
<th>Onset of condition mm/yyyy</th>
<th>Treatment of condition (if any)</th>
<th>Cessation of condition (if applicable) mm/yyyy</th>
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SECTION 4 Students Declaration

I declare that all the responses in this Health Questionnaire of the Medical Assessment Form to be to the best of my knowledge and belief, true and correct, and will fully reveal to the QAS Commissioner, Medical Director or any official delegate as determined by the Commissioner, all the circumstances known to me concerning my health and fitness that are relevant for appointment with the QAS.

I acknowledge that the provisions of incorrect information or the omission of any information relating to my health and fitness, may result in the cancellation of my application or dismissal from any appointment with the QAS.

Signature of Student ________________________________ Date __________________________

SECTION 5 Students Disclosure Authorisation

In making the above declaration, I hereby authorise Dr ________________________________ to disclose to the QAS Commissioner, Medical Director or any official delegate as determined by the Commissioner, any information concerning my health and medical history that he/she has acquired in the course of this consultation and I expressly waive all professional confidence.

Signature of Student ________________________________ Date __________________________
**SECTION 1 Medical Examination**

1.1 **Respiratory System**
   - Chest Lungs
     - Normal
     - Abnormal
     - If abnormal, please specify.

1.2 **Cardiovascular**
   - Blood Pressure
     - Systolic
     - Diastolic
   - Pulse Rate
     - Regular
     - Irregular
     - Heart Sounds
       - Normal
       - Abnormal
     - If abnormal, please specify.
     - Is there any sign of swelling or oedema?
       - Yes
       - No
       - If yes, please specify.

1.3 **Abdomen**
   - Abdomen
     - Normal
     - Abnormal
     - If abnormal, please specify.

1.4 **Body Mass Index (BMI)**
   - Weight
   - Height
   - BMI
     - \(\text{BMI} = \frac{\text{mass (in kilograms)}}{\text{height (in metres)}^2}\)
   - Paramedics are required to have a BMI of 33 or less. Emergency Medical Dispatchers are required to have a BMI of 36 or less.
   - If an individual believes that their BMI is the result of ethnicity, an abnormal body build or high muscle mass, they will be required to submit evidence based on floatation or body plethysmography tanks, or a skin fold test from a health professional.

1.5 **Neurological/Locomotion**
   - Cervical Spine Rotation
     - Normal
     - Abnormal
   - Back Movement
     - Normal
     - Abnormal
   - Upper Limbs Appearance
     - Normal
     - Abnormal
   - Joint Movement
     - Normal
     - Abnormal
   - Muscle Tone
     - Normal
     - Abnormal
   - Coordination
     - Normal
     - Abnormal
   - Reflexes
     - Normal
     - Abnormal
   - Lower Limbs Appearance
     - Joint Movement
     - Normal
     - Abnormal
   - Muscle Tone
     - Normal
     - Abnormal
   - Coordination
     - Normal
     - Abnormal
**Reflexes**

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<th></th>
<th>Normal</th>
<th>Abnormal</th>
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If abnormal, please specify.

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**1.6 Vision**

**Visual Acuity**

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<tr>
<th>Corrected</th>
<th>Right</th>
<th>Left</th>
</tr>
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<tbody>
<tr>
<td>Uncorrected</td>
<td>Right</td>
<td>Left</td>
</tr>
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Are contact lenses or spectacles worn?  

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<th>Yes</th>
<th>No</th>
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If yes, an optometrist report indicating your corrected and uncorrected vision must be attached. Please note that your optical prescription is not sufficient.

**Visual Fields**

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**Ishihara**

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If abnormal, please specify.

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**1.7 Hearing**

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<th>Normal</th>
<th>Abnormal</th>
</tr>
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If abnormal, please specify.

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**1.8 Urinalysis**

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<th>Protein</th>
<th>Normal</th>
<th>Abnormal</th>
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</thead>
<tbody>
<tr>
<td>Glucose</td>
<td>Normal</td>
<td>Abnormal</td>
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Are there any signs of alcohol or other drug abuse?  

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<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

If abnormal, please specify.

---

**SECTION 2 Declaration**

I certify that I have examined ___________________________ and declare that all responses detailed on the Medical Examination Form are true and correct to the best of my knowledge.

Name of Medical Officer ___________________________ Date of Examination ___________________________

Stamp of Medical Officer

Medical Officer’s Signature ___________________________

Address ___________________________

Phone ___________________________
health related fitness assessment

The Health Related Fitness Assessment assesses various fitness components including musculoskeletal fitness (strength and flexibility), cardiovascular fitness and manual dexterity.

Component 1 - Manual Dexterity: Purdue Peg Board Test

This component assesses dexterity to aid in the selection and rehabilitation of employees for various types of manual occupations by measuring two types of dexterity:

a. gross movements of the fingers, hands and arms; and
b. fine fingertip dexterity necessary in assembly tasks.

The participant uses both hands separately and together to place pins, washers and collars in holes in the pegboard.

Different combinations are tested, for example, inserting pins with right hand, simultaneously inserting pins with right hand, then washer with left hand, then collar with right hand, etc.

The number of pins inserted or assemblies completed in a predetermined time constitutes the participant’s score.

Component 2 - Grip Strength: Unilateral Grip Strength Dynamometer Test

This component assesses grip strength. It is performed unilaterally, meaning each hand is assessed individually.

The participant squeezes a hand-held dynamometer as hard as possible (two trials on each hand).

The final score for each hand is the highest value achieved out of the two trials on each hand.

Component 3 – Back Strength: Back Strength Dynamometer Test

This component measures back strength although the same piece of equipment measures chest strength as well.

The participant exerts a maximal contraction of the upper back muscles on the dynamometer. The amount of force is indicated by the dial on the dynamometer during the contraction.

Component 4 – Leg Strength: Leg Strength Dynamometer Test

This component assesses leg strength in a position similar to that adopted towards the end of a lift.

The participant stands on a platform in a predefined position and pulls vertically upwards on a handle attached by a chain to the dynamometer on the platform.

The amount of force is measured via this dynamometer. Although this device can be used to measure back extension strength, maximal contractions are not advised because of the possibility of injury to the small muscles of the back.

Component 5 - Abdominal Strength: 7 Stage Sit Up Test

This component measures abdominal strength. It is performed with the knees bent and feet unsecured, thus emphasising the use of the abdominals.

The participant performs each Variation once until no further Variations can be completed. Please refer to page 10 for details of Variations.

Three attempts may be allowed at any stage but the participant is not permitted to lift their feet, alter their stipulated position or gain any advantage by rebounding off the mat.

The final score will be between 0 and 7, depending on the stage completed.

Component 6 - Abdominal Endurance: 60 Second Sit Up Test

This component measures muscular endurance of the abdominal musculature.

The participant lies on their back with knees bent and feet on the floor. Their feet are secured by a partner or tester. A single situp is completed when the participant returns to the starting position.

The participant performs as many sit ups as possible in 60 seconds.

The number of sit ups performed is the final score.

Component 7 – Cardiovascular Fitness: 3 Minute Step Test

This component measures submaximal aerobic capacity via continuous stepping up and down on a step of specific height (12 inches) at a specific speed (24 steps per minute).

This component uses the recovery heart rate, following a predetermined period (3 minutes) of bench stepping at a set rate, to estimate cardiovascular fitness.

Component 8 – Trunk Flexibility: Sit and Reach Test

This component measures low back and hamstring flexibility.

The participant sits with their legs straight and feet against a flat surface. Without bending their knees, the participant reaches forward as far as possible and holds for a minimum of two seconds.

The distance away from the participant’s toes (positive [past] or negative [before]) is measured via a sliding scale.

Component 9 – Trunk Rotational Flexibility Test

This component measures trunk flexibility.

The participant stands side on to a wall marked with a horizontal measurement scale. They then twist their upper body away from the wall whilst bending the knees, keeping the feet stationary.

The point where the participant’s hand (initially furthest away from the wall) touches the wall is noted and referenced to the distance away from the participant’s body centreline. This measure is recorded as trunk rotational flexibility.

Preparation

To prepare for the Health Related Fitness Assessment please refer to the Fitness Conditioning Training Guide on pages 11 and 12.
health related fitness assessment component 5 variations

variation 1
Start: Arms straight, hands resting on top of thighs.
Finish: Arms straight, finger tips touching patella.
Result: Very Poor

variation 2
Start: Arms straight, hands resting on top of thighs.
Finish: Arms straight, elbows touching patella.
Result: Poor

variation 3
Start: Arms across the abdomen, hands gripping the opposite elbows.
Finish: Forearms touching the thighs.
Result: Fair

variation 4
Start: Arms across the chest, hands gripping the opposite shoulders.
Finish: Forearms touching the thighs.
Result: Good

variation 5
Start: Arms flexed behind the head, hands gripping the opposite shoulders.
Finish: Chest touching the thighs.
Result: Very Good

variation 6
Start: Arms flexed behind the head, hands gripping the opposite sides of a 2.5kg weight.
Finish: Chest touching the thighs.
Result: Excellent

variation 7
Start: Arms flexed behind the head, hands gripping the opposite sides of a 5kg weight.
Finish: Chest touching the thighs.
Result: Outstanding
fitness conditioning training guide

Introduction

To successfully complete the physical assessment components of the QAS Health Related Fitness Assessment, the student needs to have a reasonable level of cardiovascular fitness, muscular strength and endurance, and flexibility. It is strongly recommended that if a student is not already routinely engaged in physical activity, that they prepare for the assessment.

This training guide is provided to students as a suggested physical conditioning program to help prepare them for the Health Related Fitness Assessment.

Please note: The training guide is a suggested conditioning program only, and it may not suit each individual. It is recommended that the student consult their treating Medical Officer (General Practitioner) prior to undertaking this regime, especially if the student has a history of a health condition that could be affected by physical exertion.

fitness conditioning training levels

Choose a ‘Level’ that most appropriately matches your current capacity for physical activity. Complete the suggested physical activities in the chosen level and aim to upgrade to a higher level weekly or fortnightly, as appropriate.

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Cardiovascular Fitness</th>
<th>Strength Fitness</th>
<th>Flexibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Run or Walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(target 60-70% predicted max. HR),</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2-3 times per week</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 2</th>
<th>Cardiovascular Fitness</th>
<th>Strength Fitness</th>
<th>Flexibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Run or Walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>45 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(target 60-70% predicted max. HR),</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2-3 times per week</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Level 3</th>
<th>Cardiovascular Fitness</th>
<th>Strength Fitness</th>
<th>Flexibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Run</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>45 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(target 70-80% predicted max. HR),</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2-3 times per week</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Level 4</th>
<th>Cardiovascular Fitness</th>
<th>Strength Fitness</th>
<th>Flexibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Interval Running</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>45 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>+ Stair Climbing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(target 70-80% predicted max. HR),</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2-3 times per week</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 5</th>
<th>Cardiovascular Fitness</th>
<th>Strength Fitness</th>
<th>Flexibility</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Interval Running</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>45 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>+ Stair Climbing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>target (70-80% predicted max. HR),</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2-3 times per week</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 6</th>
<th>Cardiovascular Fitness</th>
<th>Strength Fitness</th>
<th>Flexibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Interval Running</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>45 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>+ Stair Climbing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(target 80% predicted max. HR),</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2-3 times per week</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HR = Heart Rate

terminology

Predicted Maximum Heart Rate can be used as a guide to measure the level of cardiovascular exertion. Typically 220 – Age = Predicted Max Heart Rate. A percentage of the Predicted Max Heart Rate is used to guide intensity.

Interval Training is a style of cardiovascular training that combines two or more intensities of aerobic exercise. One style and therefore intensity of exercise immediately follows the other without a rest period between. By using this technique, a trainer can recover from a higher intensity exercise whilst maintaining their heart rate at an elevated level.
**strength routine**

**Forearm Strength**

<table>
<thead>
<tr>
<th>Technique</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grip a tennis ball in the palm of your hand and apply pressure evenly with all fingers as you squeeze. Hold the squeeze momentarily before releasing.</td>
<td>Squeeze a tennis ball with mild exertion, alternating hands.</td>
<td>Squeeze a tennis ball with moderate exertion, alternating hands.</td>
<td>Squeeze a tennis ball with maximal exertion, alternating hands.</td>
</tr>
</tbody>
</table>

**Upper Body Strength**

<table>
<thead>
<tr>
<th>Technique</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position your hands and feet about shoulder width apart. Slowly lower yourself towards the wall or floor. Hold momentarily before returning to the start position.</td>
<td>Push-ups against the wall or a table.</td>
<td>Push-ups on the floor, off your knees.</td>
<td>Push-ups on the floor, off your toes.</td>
</tr>
</tbody>
</table>

**Leg Strength (Squats)**

<table>
<thead>
<tr>
<th>Technique</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position your feet about shoulder width apart with your toes slightly pointed outwards. Keep your head up and back straight as you bend your knees and lower your bottom towards the ground. Hold your hands out in front to assist with balance.</td>
<td>Squat down until your knees as partially bent.</td>
<td>Squat down until your thighs are horizontal.</td>
<td>Squat down until your thighs are horizontal whilst holding a weight in each hand.</td>
</tr>
</tbody>
</table>

**Leg Strength (Lunges)**

<table>
<thead>
<tr>
<th>Technique</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step forward with one leg and lower the rear knee towards the ground. Rise and step back together. Alternate legs.</td>
<td>Lunge down until your knees as partially bent.</td>
<td>Lunge down until your front thigh is horizontal.</td>
<td>Lunge down until your front thigh is horizontal whilst holding a weight in each hand.</td>
</tr>
</tbody>
</table>

**Abdominal Endurance**

<table>
<thead>
<tr>
<th>Technique</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lie down on your back with your knees bent at 90 degrees and feet shoulder width apart and flat on the floor. Position your hands to support your head. Slowly lift your shoulders up and towards your hips then lower to the start position.</td>
<td>Lift your upper trunk partially off the ground.</td>
<td>Lift your upper trunk off the ground.</td>
<td>Lift your upper trunk off the ground whilst holding a weight in each hand.</td>
</tr>
</tbody>
</table>

**stretch routine**

**Hamstring and Lower Back**

<table>
<thead>
<tr>
<th>Technique</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sit on the ground or edge of a bench. Extend one leg straight out in front with the other leg bent and lying flat on the floor. Gently reach with both hands along the outstretched leg. Keep your back up straight (pivot at the hips). Hold the end point for 15-20 seconds before returning to the start position. Alternate legs and repeat 2-3 times per leg.</td>
<td></td>
</tr>
</tbody>
</table>

**Rotational Flexibility**

<table>
<thead>
<tr>
<th>Technique</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sit on the ground. Extend one leg straight out in front with the other leg bent and in an upright position. Gently twist your trunk around towards the bent knee, reaching around behind you with the leading arm. Gently apply pressure to the outside of the bent knee with the trailing arm. Keep your back up straight and hold the end point for 15-20 seconds before returning to the start position. Alternate legs and repeat 2-3 times per leg.</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Stretches**

Stretches for all of the major muscle groups of the body should be performed as part of a well balanced routine.
# QAS Health Related Fitness Assessment Provider List

<table>
<thead>
<tr>
<th></th>
<th>Location</th>
<th>Provider details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cairns</td>
<td>Kinnect - Janna Bailey&lt;br&gt;Ph: 0407 695 551</td>
</tr>
<tr>
<td>2</td>
<td>Mt Isa</td>
<td>Mt Isa Physio - David Rose&lt;br&gt;Ph: (07) 4749 4719</td>
</tr>
<tr>
<td>3</td>
<td>Townsville</td>
<td>James Cook University - Administration&lt;br&gt;Ph: (07) 4781 6177&lt;br&gt;(NB testing only available on Fridays between 9am - 3pm)</td>
</tr>
<tr>
<td>4</td>
<td>Rockhampton</td>
<td>Central Queensland University - Aaron Scanlan&lt;br&gt;Ph: (07) 4923 2538</td>
</tr>
<tr>
<td>5</td>
<td>Sunshine Coast</td>
<td>Currently No assessors available in this area</td>
</tr>
<tr>
<td>6</td>
<td>Greater Brisbane</td>
<td>Hawthorne Balance - Nathan Green&lt;br&gt;Ph: 0409 061 032</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kelvin Grove Qld University of Technology (QUT) - Human Movements Clinic&lt;br&gt;Ph: (07) 3138 9777</td>
</tr>
<tr>
<td>7</td>
<td>Toowoomba</td>
<td>Workwise Safety &amp; Rehab - Administration&lt;br&gt;Ph: (07) 4632 2945</td>
</tr>
<tr>
<td>8</td>
<td>Gold Coast</td>
<td>Burleigh Reeves Rehabilitation Consulting - Nathan Reeves&lt;br&gt;Ph: (07) 5535 3954 or 0403 364 759</td>
</tr>
<tr>
<td>9</td>
<td>New South Wales</td>
<td>Charles Sturt University - Frank Marino&lt;br&gt;Ph: (02) 6338 4048&lt;br&gt;Areas covered: Blue Mountains, Lithgow, Bathurst, Orange and Cowra.</td>
</tr>
</tbody>
</table>
CERTIFICATION TO UNDERTAKE THE HEALTH RELATED FITNESS ASSESSMENT (HRFA)
NOTES FOR MEDICAL PRACTITIONER

This Certificate is to be completed by your Medical Practitioner and returned to the Student

SECTION 1 Student Details

UNIVERSITY COHORT YEAR STUDENT ID

Title □ Mr □ Mrs □ Miss □ Ms □ Other

GIVEN NAMES PREFERRED NAME (not nicknames)

SURNAME DATE OF BIRTH

RESIDENTIAL ADDRESS

POSTAL ADDRESS = Insert ‘as above’ if same as Residential Address

EMAIL

PHONE HOME WORK MOBILE

GENDER □ MALE □ FEMALE

PURPOSE OF THIS CERTIFICATION

The student must obtain this certification from their Medical Practitioner to declare that they are basically healthy and are not placing themselves at risk by undertaking the Queensland Ambulance Service (QAS) Health Related Fitness Assessment. The applicant will then produce this certificate to their physical fitness provider to undertake the HRFA while they must also provide the QAS with another Medical Certificate to the effect that they are in good health and a standard examination has not indicated any conditions that could prevent them participating in the HRFA or place them at risk during the test.

GENERAL

Medical Practitioners examining persons intending to undertake Clinical Placement with the QAS are advised that a high standard of physical fitness is necessary if the applicant is to cope with Undergraduate Student Paramedic duties.

SECTION 2 Medical Officer Declaration

I certify that I have examined ______________________________ and believe him/her to be FIT / UNFIT to participate in the Queensland Ambulance Service Health Related Fitness Assessment (HRFA) by an authorised provider.

COMMENTS

Name of Medical Officer ______________________________ Date of Examination ______________________________

Stamp of Medical Officer

Medical Officer's Signature ______________________________

Address ______________________________

Phone ______________________________
### QAS Undergraduate Student Clinical Placement

The Department of Community Safety is collecting information on this form for the following purposes:

- to ensure that applicants meet the physical and functional requirements of the Queensland Ambulance Service.
- to ensure the Department effectively discharges its Workplace Health and Safety obligations.

Collection of this information is authorised/required by the Ambulance Service Act 1991 and the Workplace Health and Safety Act 1995.

The completed copy of Health Related Fitness Assessment Scoring Form is to be supplied to the student so they can lodge it with the university directly themselves. The University will then provide the documentation to the QAS State Coordinator, Undergraduate Clinical Placements, as required and once all other QAS Clinical Placement mandates are completed.

### UNIVERSITY COHORT YEAR STUDENT ID

<table>
<thead>
<tr>
<th>Title</th>
<th>Mr</th>
<th>Mrs</th>
<th>Miss</th>
<th>Ms</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>GIVEN NAMES</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

### IDENTIFICATION

Has the student produced photo ID as well as a signed certificate indicating permission from a Medical Officer to undertake the Health Related Fitness Assessment?

Yes [ ] No [x]  

Please note: Photo ID and a signed certificate indicating permission from a Medical Officer to undertake the Health Related Fitness Assessment must be sighted prior to commencement of the Health Related Fitness Assessment.

### HEIGHT WEIGHT

### ASSESSOR GIVEN NAMES ASSESSOR SURNAME

### ASSESSOR QUALIFICATIONS

### ASSESSOR SIGNATURE DATE

#### TEST 1 Purdue Pegboard

<table>
<thead>
<tr>
<th>Right Hand</th>
<th>Left Hand</th>
<th>Both Hands</th>
</tr>
</thead>
<tbody>
<tr>
<td>L+R+Both (A)</td>
<td>Assembly (B)</td>
<td></td>
</tr>
</tbody>
</table>

\[
\text{Raw Score} = \frac{(A+B)}{2}
\]

<table>
<thead>
<tr>
<th>Points</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raw Score</td>
<td>&lt;39</td>
<td>39-40.4</td>
<td>40.5-42.4</td>
<td>42.5-45</td>
<td>&gt;45</td>
</tr>
</tbody>
</table>

\[
\text{Points} \times 2.38 = \text{Score}
\]

#### TEST 2 Grip Strength

<table>
<thead>
<tr>
<th>Right Hand (Trial 1)</th>
<th>Right Hand (Trial 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left Hand (Trial 1)</td>
<td>Left Hand (Trial 2)</td>
</tr>
</tbody>
</table>

\[
\text{Raw Score} = \frac{\text{Best RH} + \text{Best LH}}{2}
\]

<table>
<thead>
<tr>
<th>Points</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raw Score</td>
<td>&lt;32.5</td>
<td>32.5-40</td>
<td>40.1-49</td>
<td>49.1-53</td>
<td>&gt;53</td>
</tr>
</tbody>
</table>

\[
\text{Points} \times 2.38 = \text{Score}
\]

#### TEST 3 Back Strength

<table>
<thead>
<tr>
<th>Trial 1</th>
<th>Trial 2</th>
</tr>
</thead>
</table>

\[
\text{Raw Score} = \text{Best Trial}
\]

<table>
<thead>
<tr>
<th>Points</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raw Score</td>
<td>&lt;25.9</td>
<td>26-32</td>
<td>32.1-37</td>
<td>37.1-46</td>
<td>&gt;46</td>
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</table>

\[
\text{Points} \times 2.38 = \text{Score}
\]
TEST 4 Leg Strength

Trial 1

Trial 2

Raw Score = Best Trial

<table>
<thead>
<tr>
<th>Points</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raw Score</td>
<td>&lt;124</td>
<td>125 - 149</td>
<td>150 - 166</td>
<td>167 - 188</td>
<td>&gt;188</td>
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</tbody>
</table>

Points X 2.38 =

TEST 5 Abdominal Strength

Stage completed

<table>
<thead>
<tr>
<th>Points</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raw Score</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 or &gt;4</td>
</tr>
</tbody>
</table>

Points X 2.38 =

TEST 6 Abdominal Endurance

Number of sit-ups performed

<table>
<thead>
<tr>
<th>Points</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raw Score</td>
<td>&lt;22</td>
<td>22 - 27</td>
<td>28 - 32</td>
<td>33 - 37</td>
<td>&gt;37</td>
</tr>
</tbody>
</table>

Points X 2.38 =

TEST 7 Cardiovascular Fitness

60 second heart rate

<table>
<thead>
<tr>
<th>Points</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raw Score</td>
<td>Age &lt; 35 yrs</td>
<td>&gt;133</td>
<td>118 - 133</td>
<td>100 - 117</td>
<td>91 - 99</td>
</tr>
<tr>
<td>Raw Score</td>
<td>Age &gt; 35 yrs</td>
<td>&gt;136</td>
<td>122 - 136</td>
<td>106 - 121</td>
<td>96 - 105</td>
</tr>
</tbody>
</table>

Points X 5.95 =

TEST 8 Trunk Flexibility (NB: A Raw Score of 23 is equivalent to touching one's toes)

Trial 1

Trial 2

Raw Score = Best Trial

<table>
<thead>
<tr>
<th>Points</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raw Score</td>
<td>&lt;22</td>
<td>22 - 25.9</td>
<td>26 - 28.9</td>
<td>29 - 33.9</td>
<td>&gt;34</td>
</tr>
</tbody>
</table>

Points X 2.38 =

TEST 9 Rotational Flexibility (NB: A Raw Score of 0 indicates the participant reached the line respective to the toes)

Right Hand (Trial 1)

Left Hand (Trial 1)

Right Hand (Trial 2)

Left Hand (Trial 2)

Raw Score = Best RH + Best LH / 2

<table>
<thead>
<tr>
<th>Points</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raw Score</td>
<td>&lt;-13</td>
<td>-13 - -5</td>
<td>-4.99 - 4.99</td>
<td>5 - 15</td>
<td>&gt;15</td>
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</tbody>
</table>

Points X 2.38 =

TOTAL SCORE

Sum of all scores /100

Assessor Signature ___________________________ Date ___________________________

Applicant Signature _________________________ Date ___________________________
Criminal History Clearance

Undergraduate students are required as a condition of being granted access to the QAS operational workplace, to provide QAS with a complete Criminal History Clearance (CHC). A Criminal History Clearance can be obtained through the local Queensland Police Station. A fee may be charged and the student will be required to provide appropriate identification for this to be conducted. The CHC will then be conducted and a Police Certificate issued to the applicant by mail. Please note: This process can take up to six (6) weeks.

Students who have resided outside of Australia for a period of 12 months or more (cumulative) in the past 10 years, will be required to provide a Criminal History Clearance from the appropriate country/authority that they resided in during that period. If you require Information on the relevant authority for each country, it can be found at www.immi.gov.au.

The Criminal History Police Certificate must then be provided to the sponsor university along with a 'QAS Criminal History Declaration Form'. The University will then ensure that these documents are submitted to QAS for review and approval no less then eight (8) weeks prior to the commencement of the clinical placement.

Please note: The CHC report and Declaration must be submitted to the sponsor University who will be responsible for providing advice to QAS accordingly and/or provide the documents to QAS as required. QAS will not accept CHC reports or Declaration forms direct from the undergraduate student.

If the Queensland Police CHC certificate shows that there are 'disclosable court outcomes' or the information provided in the QAS declaration indicates past or pending criminal history (either criminal and quasi criminal matters) then the undergraduate student will be requested to provide supporting evidence to the QAS in relation to those matters. QAS will then make an informed decision in conjunction with the DCS Ethical Standards Unit (ESU) based on the evidence and information provided by the individual.

Matters deemed to be adversely affecting the suitability of an undergraduate student to attend a QAS operational workplace for clinical placement will be advised to the student and the sponsor University.

Criminal History Clearances will remain valid for a period of three (3) years or as otherwise determined by QAS. Those undergraduate students who are enrolled in a four (4) year Dual Degree, the Criminal History Clearance will remain current for the 4 years or as otherwise determined by QAS.

Undergraduate students must notify QAS immediately in writing of any change to their criminal record (either criminal and quasi criminal matters) during the period that would reasonably be expected to be advised to QAS, and which may affect the decision to allow the student to continue to access the QAS operational workplace for clinical placement purposes.

NB: Criminal History Clearances are only valid for purpose of unpaid clinical placement. If students enter into a paid employment arrangement with QAS, then the QAS will conduct further addition Criminal History Checks as a requirement of employment with the QAS.
Queensland Ambulance Service
Undergraduate Student Clinical Placement
Criminal History Declaration

SECTION 1 Student Details

UNIVERSITY ________________________________

COHORT YEAR ________________________________

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ________________________________

GIVEN NAMES ________________________________

PREFERRED NAME (not nicknames) ________________________________

SURNAME ________________________________

DATE OF BIRTH ________________________________

RESIDENTIAL ADDRESS ________________________________

POSTAL ADDRESS ________________________________

- Insert 'as above' if same as Residential Address ________________________________

EMAIL ________________________________

PHONE HOME ________________________________

WORK ________________________________

MOBILE ________________________________

GENDER ☐ MALE ☐ FEMALE ________________________________

SECTION 2 Questionnaire

1. Have you been found guilty of any criminal or quasi criminal offence in any State or Territory of the Commonwealth of Australia, or elsewhere? ☐ Yes ☐ No

If ‘yes’ provide details of any such offence/s as follows: (attach separate pages if space is insufficient)

<table>
<thead>
<tr>
<th>Date</th>
<th>Court (if applicable)</th>
<th>Offence</th>
<th>Penalty</th>
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2. Have you currently been charged with any criminal or quasi criminal offence/s or have matters pending before a court in any State or Territory of the Commonwealth or elsewhere? ☐ Yes ☐ No

If ‘yes’ provide details of any such offence/s as follows: (attach separate pages if space is insufficient)

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<thead>
<tr>
<th>Date</th>
<th>Court (if applicable)</th>
<th>Offence</th>
<th>Penalty</th>
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SECTION 3 Student Declaration

I (full name) ________________________________ give my consent for the Queensland Ambulance Service (QAS) Commissioner or their delegate to seek or obtain further information as deemed necessary in respect to my Criminal History Check and to check on me further as considered necessary through the Queensland Police Service, and for the Queensland Police Service and the Australian Police Service to disclose criminal history information, including charges laid against me awaiting determination, to the QAS its employees and agents.

I understand the disclosure of information about my criminal history will be subject to Commonwealth, State or Territory legislation where it applies, or the policy of the Police service making disclosure or both.

I hereby certify that the statements made in this declaration are true and correct in every particular.

Dated this ________________________________ day of ________________________________ 20_____________

Student Signature ________________________________

Witnessed by ________________________________ Stamp and Reg No ________________________________
clinical placement station locations

Below are a list of possible station locations that university undergraduate students could be placed at for their clinical placements with the Queensland Ambulance Service. Only station locations listed below are currently approved to facilitate undergraduate degree students for clinical placement. Students will be given the opportunity to preference against these locations, however QAS will be the authority on the final locations offered for placement.

Due to operational requirements and demands, not all these station locations listed below may be available each and every time. The QAS University Clinical Placement Coordinator will determine which stations are available for each upcoming clinical placement block and advise the University of those locations approximately 8 week prior to the clinical placement commencing.

Once QAS provides the station locations to the sponsor University, the University will be responsible to allocate the students to those locations offered.

QAS holds the right to cancel and change clinical placement station locations at any time, based on operational requirements and demands.

<table>
<thead>
<tr>
<th>Region</th>
<th>Employment Locations</th>
<th>Brisbane Region</th>
<th>South Eastern Region</th>
<th>North Coast Region</th>
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<td>Northern Area</td>
<td>Central Area</td>
<td>South West Area</td>
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<td>Region</td>
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<tr>
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<td>Cooloola Burnett Area</td>
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