**Appendix A**

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| **FITNESS FOR HIGHER RISK WORK ASSESSMENT** |

**Information for individuals directed to undertake a fitness for higher risk work assessment.**

The University has a duty of care to all staff, students, titleholders, contractors, volunteers and visitors to not allow them to injure themselves or others while undertaking higher risk activities due to being unfit due to the presence of drugs or alcohol.

Where a Head of School/Branch has agreed that there is a reasonably held belief that an individual may be unfit due to the presence of drugs or alcohol to undertake higher risk activities they are permitted under the University’s [Drugs and alcohol in higher risk workplaces](https://www.adelaide.edu.au/hr/hsw/hsw-policy-handbook/drugs-alcohol-handbook-chapter) handbook chapter to direct an individual to undertake a medical examination to determine if the individual is fit to undertake work.

(Refer to the HSW [Drug and Alcohol Handbook](https://www.adelaide.edu.au/hr/hsw/hsw-policy-handbook/drugs-alcohol-handbook-chapter) website for information on making the appointment and the optional locations.)

The University has arranged for its medical contractor to determine such an individual’s fitness for work and certify the individual fit for work using this form. No other medical information beyond what is captured on this form will be provided to the University through this process by the medical practitioner.

If you have been directed by a Head of School/Branch to attend a fitness for duty assessment you must do so immediately. Failure to do so may be considered failure to comply with a reasonable direction and will be managed as such through the appropriate conduct process.

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| **Name of individual being referred:** | | **Date of referral:** |
| **Type of higher risk activities being undertaken**: | | |
| **Concerns/observed behaviour:** | | |
| *I have referred the above individual for a medical fitness for duty assessment to undertake the above higher risk work due to my reasonably held belief that the individual is affected by drugs or alcohol to the extent that they may constitute a risk to themselves or others during the conduct of higher risk activities. This has been done in accordance with the University of Adelaide’s HSW Policy and Procedures.*  *I hereby authorise and will ensure payment by the University of any testing required to determine the information required below.* | | |
| **Name of School/Branch:** | | |
| **Referred by (Name of Head of School/Branch):**  **Email:** ***(for result to be returned)***  **Contact number:** | | **Signature**: |
| **TO BE COMPLETED BY THE MEDICAL PROVIDER** | | |
| **Medical Practitioner Name**: | **Provider number**: | **Date of assessment**: |
| In my medical opinion the individual named above is: (please check the appropriate box)  currently fit to undertake the higher risk activities as outlined above  **NOT** currently fit to undertake the higher risk activities as outlined above as they would be a risk to themselves or others  If the individual is currently unfit is this due to the presence of drugs or alcohol? Yes / No / Result Pending | | |
| **Comments:** | | |
| **Signature:** | | **Date**: |

(The completed form is to be emailed back to the Head of School/Branch by the Medical Practitioner, using the Head of School/Branch email address provided above)