

APPENDIX 9

Form for Notifying Medical/ Functional Restrictions to Unit

Guidance for MO The form should provide sufficient information for the Unit to manage the individual's career for the period until the review date. The individual should be given a copy and asked to read the paragraph below and sign at section 8. A second signed copy should be sent to the unit. It is the units responsibility to hold the signed copy. There is no requirement to retain a signed copy on DMICP. If the individual refused to consent to the distribution of the Appx 9, you are still required to complete the DMICP JMES template and inform the CO of safety critical duties (weapon handling, driving etc). This is a public safety duty that surpasses that of confidentiality.

Guidance for Unit The unit are responsible for ensuring promulgation to OC line manager RCMO and the appropriate APC Career Manager as required. This form allows the Unit to conduct a risk assessment on the individual's role. The form remains valid until the review date only. It is signed by the individual to ensure they are aware of the restrictions advised. If overdue review the unit should assume the individual is restricted all activities previously indicated and arrange a review.

Guidance for Individual You must read this form- it explains to your Unit any medical/ functional restrictions you have been given. The form will be used at Unit Health Committee meetings, will be held by your unit and a copy will be passed to your APC Career Manager. The APC Occupational Health Branch may access your medical record to provide further functional advice if requested. You have been given the opportunity to ask questions regarding the form and the medical board proceedings, ongoing treatment and likely outcome. You will need to sign section 8 to say you have been given a copy and consent to its use.

No:		Rank:		Name:	
Unit:		JMES:	Date of board:	Board Type:	
			MDS:	Review date:	
			MES temp/perm:		
			MES:		

1. DEPLOYABILITY/ EMPLOYABILITY ON OPERATIONS

Tick one to indicate suitable operational role limitations:

MND	(Not)	Not deployable on operations	<input type="checkbox"/>
MLD	(Limited)	PJHQ CAT 1: personnel whose duties remain within the confines of designated main operating bases	<input type="checkbox"/>
		PJHQ CAT 2: personnel whose duties may require periodic deployment outside defensive locations	<input type="checkbox"/>
MFD	(Full)	PJHQ CAT2+: personnel whose duties may require routine deployment outside defensive locations	<input type="checkbox"/>
		PJHQ CAT 3: personnel whose duties encompass the full spectrum of operations in theatre. CAT2+ by exception	

Tick if the individual functionally CANNOT:	Assess risk of:
Take cover / prone position <input type="checkbox"/> Run a short distance (<100m) <input type="checkbox"/> Carry own bergen to transport <input type="checkbox"/> Walk 3.2 km carrying 15kg <input type="checkbox"/> Wear body armour (ECBA 4.5 kg) <input type="checkbox"/> Wear body armour (OSPREY 10.5 kg) <input type="checkbox"/> Stand 2 hours in PPE with weapon <input type="checkbox"/>	Incapacitation <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High Worsening condition <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High Primary care requirement <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High Rehabilitation requirement <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High Secondary care requirement <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High Emergency aeromed <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High Interference with treatment <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Overall risk assessment for deployment:	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Comments:	

2. DEPLOYABILITY/ EMPLOYABILITY ON EXERCISES

Weight-personal kit & equipment	Full trade exercise activities
Infantry activities (Including digging)	Living in field conditions
Travel on foot across rough terrain	Move tactically and adopting fire positions
Comments:	

PROTECT-STAFF (when Complete)

3. SPECIFIC LIMITATIONS - complete if appropriate

Trade restrictions	
Noise Restrictions	
Climatic Restrictions	
Other restrictions	
Requires ongoing primary health care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

4. FUNCTIONAL CAPACITY

Physical Training (Choose one or more options as required)			
The individual should avoid: <input type="checkbox"/> Upper body PT <input type="checkbox"/> Lower limb non-impact PT <input type="checkbox"/> Lower limb Impact PT <input type="checkbox"/> Contact Sports <input type="checkbox"/> All Sports	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	The individual should seek guidance for the Unit QMSI/ PTI staff for a suitable PT programme	<input type="checkbox"/>
		The individual has been given a rehabilitation PT program	<input type="checkbox"/>
		The individual is at risk of prolonging the period of recovery if their rehabilitation programme is interrupted	<input type="checkbox"/>
		PFA	AFT
Functional Activities (Choose one or more relevant options)			
Walking	Working Hours	Boots	
Standing	Workplace	Clothing	
Sitting	Marching / drill	Combat Body Armour	
Lifting	Guard duties	Helmet	
Comments:			

5. SAFETY CRITICAL TASKS

Driving	Weapons	Working at Heights
Passenger	Ranges	Workplace Assessment
Comments:		

6. MEDICAL REVIEW

Medical review required before commencing MST/ Deployment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approval by an ROHT required before commencing MST/ Deployment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

7. COMPLETED BY

Name:		Date:	
Rank and Appointment:		Signature:	

8. INDIVIDUAL'S ACKNOWLEDGEMENT OF RECEIPT (Sign before giving to line manager)

Name:		Rank		Signature:	
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