



Pre Employment Physical and Psychological Screening

What happens when there is a red flag?

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Why undertake pre employment screening?

“Although accidents can result in injuries even to the most able of employees, frequently injuries occur because the employee is simply unable to perform the work. Therefore one of the best ways to reduce costs due to injuries is to select individuals who are physically qualified to perform the work.”

Hogan 1991 in Scott, 2002

“They (valid PEAx) meet the needs of the employer by identifying the matches between workers and their tasks in a non discriminatory way to reduce the severity and costs of work related musculoskeletal injuries.”

Legge, 2004

“Pre Employment Assessments serve a major role as risk management tools by helping to ensure potential employees are both capable and safe to do a specific job. PEAx are effective when they are tailored to individual organisations and tasks.”

Health Services Australia, 2003

Why undertake pre-employment screening?

41% ↓

in injuries in the years following implementation of PE Ax in a company employing 1,000 warehouse workers

Anderson, 2008

23% injury incidence rate, cost of \$2,073,000

Compared with

1% injury incidence rate, cost of \$6,500



Scott LR, 2002

Unscreened workers were **2.38 X** more likely to experience a musculoskeletal disorder, and

4.33x higher times higher cost of claims




1,423 not screened compared with 503 screened

Rosenblum, 2006




Pre Employment Screening

- Pre employment medical/physical capacity
 - Often includes Drug Screening
- Pre employment psychological screening



Pre Employment Medical Assessment



Occupational Medical Assessment
Form "A"

MEDICAL HISTORY

SURNAME _____ OTHER NAMES _____ M F DATE _____
 ADDRESS _____ CHAPERONE REQUIRED
 DATE OF BIRTH _____ MOBILE _____ ID SIGHTED BY _____
 PROPOSED POSITION / OCCUPATION _____ PROPOSED EMPLOYER _____

OCCUPATIONAL HISTORY		
Previous employers	Length of Employment	Position / Occupation

Have you ever been excessively exposed or had problems with the following (Tick if yes, provide details)


Dust Noise Chemicals Toxic Metals Skin Irritants Ionising radiation Other environmental hazards:

Have you ever had trouble with wearing gloves or personal protective equipment? Yes No
 Are you currently being treated by any doctor for any illness? Yes No
 Are you currently taking medications or drugs including inhalers? Yes No
 Are you allergic to anything? Yes No
 Have you ever spent time in hospital as a patient? Yes No
 Have you ever broken or fractured any bones? Yes No
 Have you in the last 2 years lost time from work because of illness or injury? Yes No
 Have you ever had a disease or injury resulting from your work? Yes No
 Do you suffer from any back, neck or spinal problems? Yes No
 Have you visited a Chiropractor or Physiotherapist in the last 12 months? Yes No
 Have you ever had an Xray or scan of your neck or back? Yes No
 Do you suffer from or have you ever suffered from (RS), occupational allergic syndromes, tennis elbow or tenosynovitis? Yes No
 Do you engage in regular exercise? Yes No
 Do you smoke? Yes No
 Do you drink alcohol? Yes No
 When was your last tetanus injection? _____
 Do you now or have you ever suffered from any of the following (please tick box)

<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Earache or discharging ears	<input type="checkbox"/> Dermatitis / eczema / psoriasis
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Mental / Nervous disorder	<input type="checkbox"/> Head injury, or concussion
<input type="checkbox"/> HIV / AIDS	<input type="checkbox"/> HIV	<input type="checkbox"/> Other cardiac illness
<input type="checkbox"/> High fever	<input type="checkbox"/> Blackouts, fainting spells	<input type="checkbox"/> Malaria, other tropical diseases
<input type="checkbox"/> Wheezing / asthma	<input type="checkbox"/> Tired / Epilepsy	<input type="checkbox"/> Eye trouble
<input type="checkbox"/> Heart Trouble / chest pain	<input type="checkbox"/> Stroke	<input type="checkbox"/> Double vision
<input type="checkbox"/> Fainting or irregular heart beats	<input type="checkbox"/> Frequent or migraine headaches	<input type="checkbox"/> Colour blindness
<input type="checkbox"/> Heart Murmurs	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Loss of hearing
<input type="checkbox"/> High Blood pressure	<input type="checkbox"/> Osteoporosis, osteitis	<input type="checkbox"/> Styes
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Hepatitis, jaundice	<input type="checkbox"/> Kidney / Bladder problems
<input type="checkbox"/> Stomach or Duodenal ulcers	<input type="checkbox"/> Back pain, back injury, sciatica	<input type="checkbox"/> Feet trouble, difficulty wearing shoes
<input type="checkbox"/> Fainting or vomiting blood	<input type="checkbox"/> Other joint injuries or conditions	
<input type="checkbox"/> Hemata		

Further details _____

I hereby certify that the foregoing particulars are to the best of my knowledge correct. I authorise the examining Corporate Health Group doctor to release any information acquired from this examination to appropriate officers of (insert proposed employer) _____ Date _____
 Signed in the presence of _____ Witness signature _____ Date _____



Occupational Medical Assessment
FORM "B"

MEDICAL EXAMINATION / RECOMMENDATIONS

NAME: _____ SEX: M F I HEIGHT: _____ cm WEIGHT: _____ kg

URINALYSIS: Urine: Normal / Abnormal / No
 Protein: Yes / No / None Blood: Yes / No / None Sugar: Yes / No / None

VISUAL ACUITY: Far: _____ Near: _____
 Unaided: _____ Aided: _____ Unaided: _____ Aided: _____
 L: OD _____ OS _____ R: OD _____ OS _____
 B: OD _____ OS _____ B: OD _____ OS _____

HEARING: Right: _____ Left: _____
 Pure tone: _____
 Speech: _____

SKIN: Erythema/dermatitis: Yes / No
 Scars: Yes / No
 Other abnormality: Yes / No

CARDIOVASCULAR SYSTEM: Blood pressure: _____
 Heart sounds: Normal / Abnormal / No
 Rhythm: Normal / Abnormal / No
 Murmurs: Yes / No
 Varicose veins: Yes / No



MUSCULO SKELETAL SYSTEM: Cervical spine: _____
 Thoracic lumbar spine: _____
 Identification of spinalgia: _____
 Deteriorate Abnormality of: Neck: Yes / No / None Head: Yes / No / None
 Shoulder: Yes / No / None Hand: Yes / No / None
 Elbow: Yes / No / None Wrist: Yes / No / None
 Hip: Yes / No / None Ankle: Yes / No / None
 Knee: Yes / No / None Foot: Yes / No / None
 U/L (g): _____

PLACEMENT RECOMMENDATIONS: Is the position of the recruiting doctor also stated (indicated in shaded red box) (shown) or The proposed position as described in Section A with the following restrictions: _____

CLINIC CHAMP

The examining doctor certifies to make a decision that the purpose of this examination and the subsequent opinions reported are in the interests of protection of occupational injury to the proper placement of employees or those positions held subject to their physical capabilities. This form is not to be used for the purpose of obtaining the services or information of the person applying for employment.

Date: _____ Signed: _____

Drug Screening – what are we testing for?



CHG

Drugs:

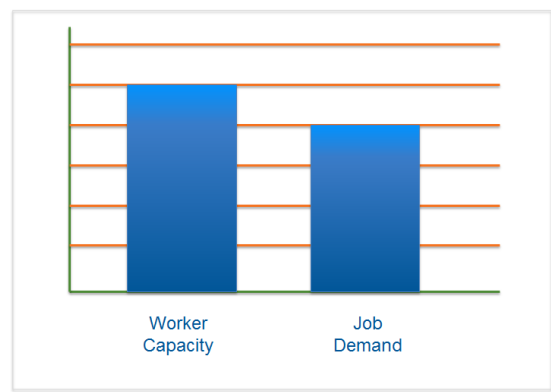
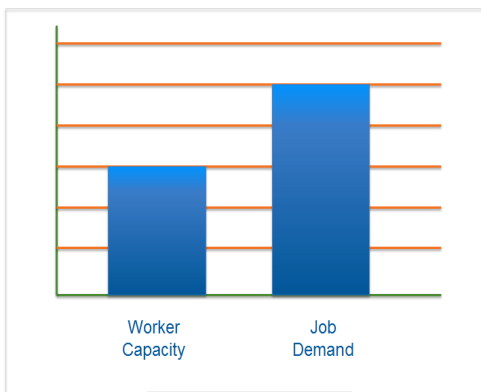
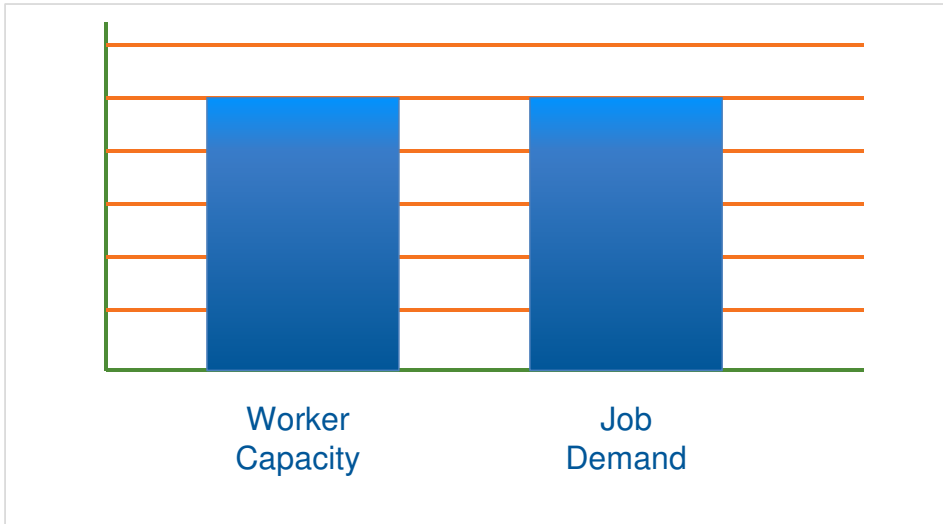
- Benzodiazepines (Valium, Tranquilisers)
- Cocaine (Crack)
- Amphetamine (Duromine, Ritalin)
- Methamphetamine (Ice)
- Opiates (morphine, codeine, heroin)
- THC (Cannabis)

Terminology

- Negative
- Non-Negative \ Preliminary Positive
- Confirmed Positive

Balancing worker capacity with work demands

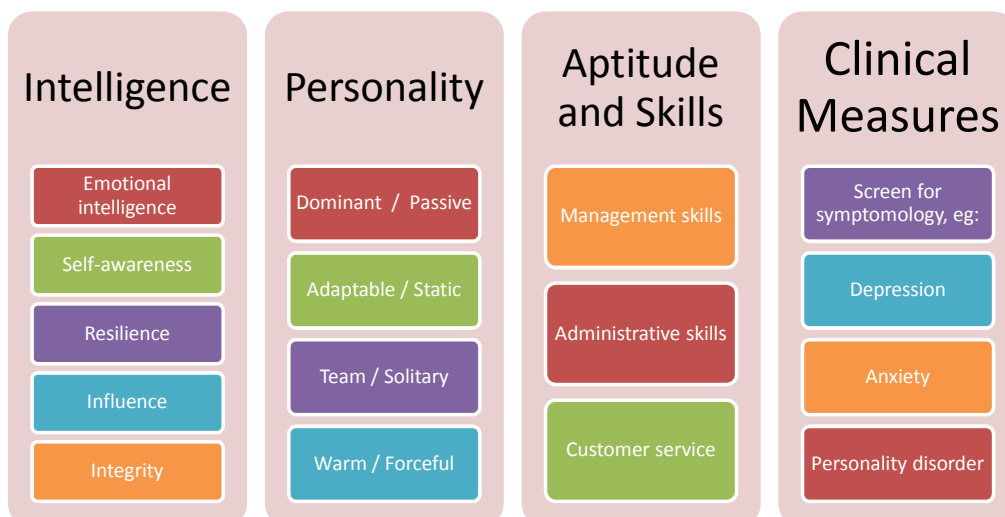


Job Matching: Physical Capacity

- Match capacity to job demands
- Job specific



Psychology Assessment



Job Matching: Psych Assessment

Role / Level	General reasoning	Personality	Clerical checking	Critical reasoning	Values and Motives
Entry/ Standard	✓	✓			
Administrative	✓	✓	✓		
Managerial	✓	✓		✓	✓
Executive	✓	✓			✓

