

OPERATION FLINDERS

A new direction for young people at risk



Dear (Team Leader/Assistant Team Leader/PGM,s/Stand Staff and Counsellor's)

Re: Three Yearly Medical Report and Duty of Disclosure of Health Problems.

Operation Flinders has a duty of care for the staff and participants taking part in the Exercises in the Northern Flinders Ranges. The organisation must therefore be satisfied that all personnel are fit for the duties and tasks that are required of them and that any illness or injuries that might prejudice their safety and welfare are reported to the organisation.

To ensure that personnel are fit for their duties the organisation has decided to ask Team Leaders, Asst. T/Leaders, Peer Group Mentors and Counsellors to undergo a physical check up by a medical practitioner every three years. The examination can be carried out by any legally qualified medical practitioner. The medical history and clinical information must be made available to Operation Flinders and your permission is required. A form for this purpose is included at the top of the Medical Report. Please ensure that you sign this prior to handing the form to your doctor.

This examination might take a little longer than a normal GP appointment so please inform the receptionist of the nature of the appointment. Due to Health Insurance Commission regulations, Medicare cannot reimburse you for the fee for this examination. However, some doctors may combine filling in this report with some other necessary medical service thus defraying the charges to you. Your first Medical Report should be completed prior to your next Exercise, after that you will be sent reminders when your next check up is due.

Disclosure of Health Problems.

Should you suffer any injury or ill health that might prejudice your fitness to carry out your duties as Team Leader then it is your responsibility to inform the Foundation. In such cases you should obtain a medical certificate stating that you have recovered your fitness.

If you are unaware of the expiry date of your last medical report, please contact Debbie Godden on 8242 3222.

Signed,

Dr. John Guy
Honorary Medical Officer
Operation Flinders Foundation

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**CONFIDENTIAL MEDICAL REPORT
TEAM LEADER - ASST. T/LEADER
PEER GROUP MENTOR - COUNSELLOR - STAND STAFF-
EXERCISE COMMANDER - OPERATIONS OFFICER**

PART ONE: PERMISSION FOR RELEASE OF MEDICAL INFORMATION

I, (Print Name) give permission for

Dr. (doctor's name) to provide Operation Flinders Inc with details of my medical history and clinical examination.

Signed:

Date: / /

PART TWO: BACKGROUND

Dear Doctor,

.....is engaged as a Team Leader, Assistant Team Leader, Peer Group Mentor, Stand Staff, Exercise Command, Operation Officer or Counsellor in the Wilderness Adventure Program conducted by the Operation Flinders Foundation in the Northern Flinders Ranges.

The Program involves living in the field, eating concentrated rations supplemented with fresh food and undertaking relatively strenuous physical activity. Team Leaders, Asst.T/Leaders and Counsellor's must have the physical capacity and stamina to cope with walking up to 110 km in 8 days over rough and sometimes steep terrain, be able to carry a backpack of approximately 25kg and sleep in field conditions. During the exercise Team Leader's, Asst.T/Leaders and Counsellor's have the responsibility for the welfare of up to 10 young people. Some of the participants may exhibit challenging behaviours. There may be extremes of heat and cold and sleep may be difficult at times. A qualified medic (Ambulance Officer) will be stationed in the area to provide primary medical care. Serious medical problems would require evacuation by air ambulance to Adelaide.

The Team Leader, Asst.T/Leader, PGM and Counsellor's must be free of any of the conditions detailed below and should be currently capable of exercising at an equivalent level to the activity described above. The list of conditions listed here as being of concern are intended as a guideline. If you are unsure as to the fitness of an individual a specialist opinion may be of value.

Your assistance in completing this assessment is much appreciated.

PART THREE: MEDICAL ASSESSMENT

MEDICAL ASSESSMENT

Please provide relevant history, carry out a medical examination of this participant in relation to the activities described above, and assess their fitness to undertake the Program.

Age:..... Weight:Kg Height:cm BMI =

Respiratory System

Conditions of unacceptable risk:

Asthma requiring oral steroids or nebuliser; COPD or other chronic pulmonary disorder with reduced pulmonary function.

History:

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Clinical examination:. Normal / Abnormal. Peak Expiratory Flow Rate =

Cardiovascular System. * See below for guidelines from the American Heart Association

Conditions of unacceptable risk:

Any history of cardiovascular disease; especially Ischaemic Heart Disease, Cardiac Irregularity, stroke and peripheral vascular disease.

History:

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Examination: BP: / Pulse: reg. / irreg HS: Normal / abnormal

Musculoskeletal System

Conditions of Concern:

History of back or joint injury or disorder, especially osteoarthritis of hip or knee.

Any disorder of the feet.

History:

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Examination:

Spine: Normal / abnormal, Joints: Normal / abnormal, Feet: Normal / abnormal

Nervous System

Conditions of unacceptable risk:

Any history of chronic neurological disorder causing impaired function.

Migraine that has caused absence from work.

Epilepsy (unless having ability to hold a drivers license, or has been seizure free for 2 years)
Severe sight or hearing impairment.

History:

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Psychological Health

Conditions of unacceptable risk:
Severe psychological disorder currently under treatment, e.g. Panic Disorder, Major Depression,
Psychosis.

History:

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Metabolic Disorders

Conditions of unacceptable risk:
Insulin Dependant Diabetes
Type 2 Diabetes with history of hypoglycaemia. (See American Heart Association Guidelines below)
Severe obesity. (BMI over 30).

History:

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Allergies (Hay Fever etc)

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Current Medication

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Any allergies or intolerance to medication?

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Special Medical or Dietary Requirements

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Hospitalised within the last 12 months?

If yes: for what reason and is he/she now fully recovered?

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GENERAL COMMENTS

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PART FOUR: LEGALLY QUALIFIED MEDICAL PRACTITIONER RECOMMENDATION

Based on my examination, the prospective participant's medical history, and keeping in mind the nature of the activities to be performed, the participant named.....is

MEDICALLY FIT / MEDICALLY UNFIT

TO ATTEND the OPERATION FLINDERS PROGRAM DESCRIBED ABOVE

If unfit please summarise the reason (s).....

.....

LQMP NAME.....

LQMP SIGNATURE.....**DATE**...../...../.....

Contact Address and Phone Number:

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American Heart Association Guidelines for Vigorous Exercise

The AHA recommends an exercise stress test for the following at risk individuals prior to vigorous exercise:

Men more than 40 to 45 years old and women more than 50 to 55 years old (or postmenopausal) with 1 or more independent coronary risk factors.

These include the following:

- hypercholesterolaemia or dyslipidaemia; elevated low-density lipoprotein cholesterol (LDL > 3.7 mmol/L); low high-density lipoprotein cholesterol (HDL <0.8mmol/L)
- systemic hypertension (systolic blood pressure >140 mm Hg or diastolic pressure >90 mm Hg);
- current or recent cigarette smoking;
- diabetes mellitus
- history of myocardial infarction or sudden cardiac death in a first-degree relative <60 years old.

In addition, an exercise test is recommended for those of any age with symptoms suggestive of underlying coronary disease and for those greater than 65 years old even in the absence of risk factors and symptoms.