

Limited Service Volunteer medical certificate



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Health practitioner to complete

Information for the health practitioner

The person named on this form is applying for a place on a Limited Service Volunteer programme..

The **Limited Service Volunteer** (LSV) programme is a voluntary residential training programme run by the New Zealand Defence Force. It can be both a physical and emotional challenge for participants. Each programme runs for six weeks and activities include running, abseiling, high ropes, sports and tramping.

Before going on a LSV programme, the person needs to pass a medical examination. This is to make sure they stay safe, healthy and are well looked after during the programme. A person will only be accepted after this form is completed and recommends they may take part.

If the person has a medical condition, they may still be able to take part.

If the person isn't well enough to take part, you should not recommend they are accepted on the LSV programme.

Please complete the medical certificate in full. For safety reasons, it's important to include all medical information.

This medical certificate can be used for six months from the date it's completed. It must be valid for the duration of the course.

Once completed:

- give the complete form back to the client
- take a copy of the medical forms for your records.

Payment for the Examination

There is no set fee for the examination, however it is expected that it will be completed within one appointment and the fee will be \$120 – \$200 (including GST).

The tax invoice for the examination needs to be made out to Work and Income, then posted to the address for your region (address below).

To ensure prompt payment of your invoice:

1. Make the invoice out to Work and Income
2. Please ensure it contains the following details:
 - 'Tax Invoice' clearly displayed
 - GST Number
 - a statement that the cost is 'GST inclusive'
 - the person's name and date of birth
 - the words 'LSV' to identify the service provided
 - date of the medical examination
 - your name and address.
3. Post the invoice to the address below, closest to your region

LSV Coordinator
Ministry of Social Development
Auckland Regional Office
Private Bag 68-911
Newton
Auckland 1145

LSV Coordinator
Ministry of Social Development
PO Box 40 267
Upper Hutt 5140

LSV Coordinator
Ministry of Social Development
PO Box 249
Christchurch 8140

Applicant's details

1

Client number

--	--	--	--	--	--	--	--	--

2

What is the applicant's name?

First names

Surname or family name

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3

What is the applicant's date of birth?

Day Month Year

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Applicant's medical history

4

Has the applicant had any of the following?

Item No.		No	Yes
1.	Asthma		
2.	Epilepsy		
3.	Mental illness (eg depression, anxiety, phobia, eating disorders, substance abuse or other)		
4.	Suicidal thoughts /attempts or self harming behaviours (eg cutting, burning)		
5.	Any or a history of any behavioural issues (eg ADHD/ADD)		
6.	Learning difficulties (eg dyslexia)		
7.	Recent traumatic experiences or death of a relative or friend in the past 12 months		
8.	Food allergies		
9.	Allergy (eg stings, medicine)		
10.	Heart conditions (please seek approval from specialist if currently under their care)		
11.	High blood pressure		
12.	Fainting attacks, blackouts		
13.	Migraine		
14.	Diabetes (HbA1c8.0 < in last 3 months is required)		
15.	Hepatitis, HIV or AIDS related condition		
16.	Head injury, concussion, unconsciousness		
17.	Backache, spinal injury, disc trouble		
18.	Any knee, ankle or joint injury		
19.	Any other serious illness, injury, operation or condition		
20.	Currently pregnant		
21.	Current medications taken		
22.	Disability (intellectual, physical)		

ITEM 1:

If 'Yes' complete Asthma section on page 13.

ITEM 2:

If 'Yes' provide letter outlining history.

ITEMS 3, 4 AND 5

Please complete mental illness and behavioural additional information section on page 11.

5

If 'Yes' has been answered to any of the items in the table, please provide details including dates, severity, sensitivity and last reaction below.

Medical examination

6

Please tick the appropriate boxes in relation to the applicant.

Cardiovascular system

Normal Abnormal

Blood pressure

Resting heart rate

 /

Current mental state

Stable Unstable

Hearing

Stable Unstable

Central nervous system

Stable Unstable

Abdomen

Stable Unstable

Locomotor system

Stable Unstable

Respiratory system

Stable Unstable

Vision

Stable Unstable

BMI

Height

 cm

Weight

 kg

7

What was the date of the applicant's last tetanus booster? (Please give a booster if required)

Day Month Year

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Mental illness and behavioural additional information

Only answer this section if the applicant answered 'Yes' to 3, 4 or 5 in the Medical History Table.

At LSV people are asked to go outside their comfort zone, mentally and physically, and at times the programme can be very demanding. The aim is to ensure that individuals who start the programme are mentally fit and will be capable of attending and completing the programme safely. For this reason we ask for more information to support the application of anyone who has a history of depression, attempted suicide or mental illness.

This information must be from a medical professional or specialist who has worked with the individual.

8

What is/was the condition?

9

What are/were the circumstances and/or what precipitates the condition

10

How long did it last? Please include dates

	From	To
	/ /	/ /
	/ /	/ /
	/ /	/ /

11

What were the most recent symptoms of the condition? Please include dates.

	From	To
	/ /	/ /
	/ /	/ /
	/ /	/ /

12

How does the condition manifest when the individual is/was under stress?

13

How is/was the condition treated?

14

What were the most recent symptoms of the condition? Please include dates.

Medication	Dosage	Date commenced	Date discontinued (if relevant)
		/ /	/ /
		/ /	/ /
		/ /	/ /

15

What is the current status?

16

Has this person ever been suicidal, attempted suicide or self-harmed?

No Yes

↓ Please provide details below, including dates and current state and possible triggers

17

Has this person displayed aggressive or violent behaviour?

No Yes

↓ Please provide details below, including dates and current state and possible triggers

Asthma information

Only answer this section if the applicant answered 'Yes' to the Medical History Question.

It is important to note that there is a wide range of conditions that individuals at LSV will be exposed to that could trigger asthma, these include; vigorous exercise, warm/cold weather, damp weather and allergens. Asthma needs to be well controlled, not only for an individual's safety, but also so they can participate fully in their course.

18 What year was asthma diagnosed?

19 What is the frequency of exacerbations?

20 What are the triggers?

21 How many times has emergency room treatment been required in the last two years?

22 Date of last attack requiring emergency room treatment

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

23 Dates of last attack requiring hospitalisation

Day	Month	Year	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

24 Peak flow readings

Best peak flow	Expected peak flow	Current peak flow
<input type="text"/>	<input type="text"/>	<input type="text"/>

25 Asthma medication

	Medication	Dosage	Frequency	Last used
Reliever				/ /
Preventer				/ /
Other (eg prednisone)				/ /

26

Are you the applicant's regular health practitioner?

No

Who is the applicant's regular health practitioner?

Yes

Health practitioner's name

Practice name

27

How long have you known the applicant?

28

What is the patient's NHI number?

29

I have examined the applicant and believe that they are mentally

Fit

Not fit

to undertake strenuous physical activity and mental stress on a daily basis.

30

Tax invoice sent to

Auckland

Upper Hutt

Christchurch

31

Please print your details below.

HPI number

Health practitioner's full name

Practice name and address

Telephone number

Health practitioner's signature

Day

Month

Year

This information is required under the Social Security Act 2018.

Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.