

79

STATIONS PER PROVINCE:

WESTERN CAPE

ALBERTINIA
ASHTON
ATHLONE
ATLANTIS
BARRYDALE
BEAUFORT WEST
BELHAR
BELLVILLE
BELLVILLE SOUTH
BISHOP LAVIS
BONNIEVALE
BOTHASIG
BRACKENFELL
BREDASDORP
CALEDON
CALITZDORP
CAMPS BAY
CAPE TOWN CENTRAL
CERES
CITRUSDAL
CLANWILLIAM
CLAREMONT
CLOETESVILLE
CONVILLE
DA GAMASKOP
DARLING
DE DOORNS
DE RUST
DELFT
DIEPRIVIER
DORING BAY
DURBANVILLE
DYSSELSDORP
EENDEKUIL
ELANDS BAY
ELSIES RIVER
FISH HOEK
FRANSCHHOEK
GANS BAY
GENADENDAL
GEORGE
GOODWOOD
GORDONS BAY
GRAAFWATER
GRABOUW
GRASSY PARK
GROOT BRAKRIVIER
GROOT-DRAKENSTEIN
GUGULETHU

EASTERN CAPE

ABERDEEN
ADDO
ADELAIDE
AFSONDERING
ALEXANDRIA
ALGOAPARK
ALICE
ALICEDALE
ALI WAL NORTH
AVONDALE
BALFOUR
BARKLY EAST
BATHURST
BAVIAANSKLOOF
BEACON BAY
BEDFORD
BELL
BERLIN
BETHELSDORP
BHISHO
BHOLO
BHOLOTHWA
BITYI
BLUEWATER
BRIDGE CAMP
BUFFALO FLATS
BURGERSDORP
BUTTERWORTH
CALA
CAMBRIDGE
CATHCART
CEDARVILLE
CENTANE
CHALUMNA
CHATTY
CHUNGWA
COFFEE BAY
COFIMVABA
COMMITTEES
COOKHOUSE
CRADOCK
DALASILE
DESPATCH
DIMBAZA
DORDRECHT
DORINGKLOOF
DUNCAN VILLAGE
DUTYWA
EAST LONDON

NORTHERN CAPE

AGGENEYS
ALEXANDER BAY
AUGRABIES
BARKLY WEST
BATLHAROS
BELMONT
BOETSAP
BOTHITHONG
BRANDVLEI
BRITSTOWN
CALVINIA
CAMPBELL
CARNARVON
COLESBERG
DANIELSKUIL
DE AAR
DEBEN
DELPORTSHOOP
DINGLETON
DOUGLAS
FRASERBURG
GALESHEWE
GARIES
GRIEKWASTAD
GROBLERSHOOP
HANOVER
HARTSWATER
HEUNINGVLEI
HONDEKLIP BAY
HOPETOWN
JAN KEMPDORP
KAGISHO
KAKAMAS
KAMIESKROON
KANONEILAND
KATHU
KEIMOE
KENHARDT
KIMBERLEY
KLEINSEE
KOMAGGAS
KURUMAN
KUYASA
LIME ACRES
LOERIESFONTEIN
LOXTON
MARYDALE
MIDDELPOS
MODDER RIVER

HARARE
HEIDELBERG(C)
HERMANUS
HOPEFIELD
HOUT BAY
KENSINGTON
KHAYELITSHA
KIRSTENHOF
KLAPMUTS
KLAWER
KLEINMOND
KLEINVLEI
KNYSNA
KRAAIFONTEIN
KUILSRIVIER
KWANOKUTHULA
KWANONQABA
LAAIPLEK
LADISMITH
LAINGSBURG
LAMBERTSBAAI
LANGA
LANGEBAAAN
LANSDOWNE
LEEU GAMKA
LENTEGEUR
LINGELETHU-WEST
LUTZVILLE
LWANDLE
MACASSAR
MAITLAND
MALMESBURY
MANENBERG
MBEKWENI
MCGREGOR
MELKBOSSTRAND
MFULENI
MILNERTON
MITCHELLS PLAIN
MONTAGU
MOORREESBURG
MOSSEL BAY
MOWBRAY
MUIZENBERG
MURRAYSBURG
NAPIER
NUWERUS
NYANGA
OCEAN VIEW
OUDTSHOORN
PAARL
PAARL EAST
PACALTS DORP

ELANDS HEIGHT
ELLIOT
ELLIOTDALE
EZIBELANI
FLAGSTAFF
FLOUKRAAL
FORT BEAUFORT
FORT BROWN
GELVANDALE
GLEN GREY
GONUBIE
GRAAFF-REINET
GRAHAMSTOWN
HAMBURG
HANKEY
HEALDTOWN
HENDERSON
HLABABOMVU
HOFMEYR
HOGSBACK
HUMANS DORP
HUMEWOOD
IDA
IKAMVELIHLE
ILINGE
INDWE
INYIBIBA
JAMESTOWN
JANSENVILLE
JEFFREYS BAY
JOUBERTINA
JOZA
KABEGA PARK
KAMESH
KAREEDOUW
KATKOP
KEI BRIDGE
KEI MOUTH
KEI ROAD
KEISKAMMAHOEK
KENTON ON SEA
KHUBUSIDRIFT
KIDDS BEACH
KING WILLIAMS TOWN
KINKELBOS
KIRKWOOD
KLEINBULHOEK
KLIPLAAT
KOLOMANE
KOMGA
KWAAIMAN
KWADWESI
KWANDENGANE

MOTHIBISTAD
NABABEEP
NIEKERKSHOOP
NIEUWOUDTVILLE
NOENIEPUT
NORVALSPONT
NOUPOORT
OLIFANTSHOEK
ONSEEPKANS
PABALELLO
PAMPIERSTAT
PELLA
PETRUSVILLE
PHILIPSTOWN
PLOOYSBURG
POFADDER
PORT NOLLOTH
POSTMASBURG
PRIESKA
RICHMOND(C)
RIETFontein
ROODEPAN
ROSEDALE
SEVERN
SPRINGBOK
STEINKOPF
STRYDENBURG
SUNRISE
SUTHERLAND
TSINENG
UPINGTON
VAN ZYLSRUS
VANDERKLOOF
VANWYKSVLEI
VICTORIA WEST
VIOOLSDRIF
VOSBURG
WARRENTON
WILLISTON
WINDSORTON
WITDRAAI
WRENCHVILLE

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PAROW
PHILADELPHIA
PHILIPPI
PHILIPPI EAST
PIKETBERG
PINELANDS
PLETTENBERG BAY
PORTERVILLE
PRINCE ALBERT
PRINCE ALFRED HAMLET
RAVENSMEAD
RAWSONVILLE
REDELINGHUYS
RIEBEEK WEST
RIVERSDALE
RIVIERSONDEREND
ROBERTSON
RONDEBOSCH
SALDANHA
SAMORA MACHEL
SARON
SEA POINT
SIMONS TOWN
SOMERSET WEST
ST HELENA BAY
STANFORD
STEENBERG
STELLENBOSCH
STILL BAY
STRAND
STRANDFONTEIN
STRUISBAAI
SUURBRAAK
SWELLENDAM
TABLE BAY HARBOUR
TABLE VIEW
THEMBALETHU
TOUWS RIVER
TULBAGH
UNIONDALE
VANRHYNSDORP
VILLIERSDORP
VREDENBURG
VREDENDAL

KWANOBUHLE
KWAZAKELE
LADY FRERE
LADY GREY
LIBODE
LUKHOLWENI
LUSIKISIKI
MACLEANTOWN
MACLEAR
MADEIRA
MALETSWAI
MALUTI
MATATIELE
MBIZANA
MBIZENI
MDANTSANE
MIDDELBURG(EC)
MIDDLEDRIFT
MLUNGISI
MOLTENO
MOOIPLAAS
MOTHERWELL
MOUNT AYLIF
MOUNT FLETCHER
MOUNT FRERE
MOUNT ROAD
MOYENI
MPISI
MQANDULI
MSOBOMVU
MTHATHA
MTONTSASA
MZAMBA
NDEVANA
NEMATO
NEW BRIGHTON
NGANGELIZWE
NGCOBO
NGQAMAKHWE
NGQELENI
NTABANKULU
NTABETHEMBA
PALMIETFONTEIN
PATENSIE

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WELLINGTON
WOLSELEY
WOODSTOCK
WORCESTER
WYNBERG

PATERSON
PEARSTON
PEDDIE
PHOLILE
PHUMALANGA
PORT ALFRED
PORT ST JOHNS
PUNZANA
QHASA
QUEENSTOWN
QUMBU
RHODES
RIEBECK EAST
RIETBRON
ROSSOUW
SCENERY PARK
SEAFIELD
SEVEN FOUNTAINS
SEYMOUR
SOMERSET EAST
ST FRANCIS BAY
STERKSPRUIT
STERKSTROOM
STEVE VUKILE TSHWETE
STEYNSBURG
STEYTLERVILLE
STORMS RIVER
STUTTERHEIM
SULENKAMA
SWARTKOPS
TABASE
TAMARA
TARKASTAD
THINA FALLS
THOMAS RIVER
THORNHILL
THORNHILL CISKEI
TSOLO
TSOMO
TYEFU
TYLDEN
UGIE
UITENHAGE
VENTERSTAD
VULINDLELA
WALMER
WHITTLESEA
WILLOWMORE
WILLOWVALE
WOLWEFONTEIN
ZAMUXOLO
ZELE
ZWELITSHA

FREE STATE

ALLANRIDGE
ARLINGTON
BAINSVLEI
BATHO
BAYSWATER
BETHLEHEM
BETHULIE
BLOEMSPRUIT
BOHLOKONG
BOITHUSO
BOSHOF
BOTHAVILLE
BOTSHABELO
BRANDFORT
BRONVILLE
BULTFONTEIN
CLARENS
CLOCOLAN
CORNELIA
DEALESVILLE
DENEYSVILLE
DEWETSDORP
EDENBURG
EDENVILLE
EXCELSIOR
FAURESMITH
FICKSBURG
FOURIESBURG
GARIEPDAM
GLEN
GOEDEMOED
HARRISMITH
HEIDEDAL
HEILBRON
HENNINGMAN
HERTZOGVILLE
HEUNINGSPRUIT
HOBHOUSE
HOOPSTAD
JACOBSDAL
JAGERSFONTEIN
KAGISANONG
KESTELL
KOFFIEFONTEIN
KOMMISSIEPOORT
KOPANONG
KOPPIES
KROONSTAD
LADYBRAND

KWAZULU-NATAL

ALEXANDRA ROAD
AMANGWE
AMANZIMTOTI
BABANANGO
BAYVIEW
BELLAIR
BEREA
BERGVILLE
BESTERS
BHEKITEMBA
BISHOPSTOWE
BOSTON
BRIGHTON BEACH
BULWER
CAMPERDOWN
CATO MANOR
CEZA
CHARLESTOWN
CHATSWORTH
COLENZO
CRAMOND
CREIGHTON
DALTON
DANNHAUSER
DONNYBROOK
DUDUDU
DUNDEE
DURBAN CENTRAL
DURBAN NORTH
EKOMBE
EKUVUKENI
ELANDSLAAGTE
EMANGUZI
EMATIMATOLO
EMATSHENI
EMPANGENI
ESHOWE
ESIKHALENI
ESTCOURT
EVATT
EZAKHENI
EZIBAYENI
EZINQOLENI
FOLWENI
FRANKLIN
GAMALAKHE
GINGINDLOVU
GLENCOE
GLENDALE

NORTH WEST

AMALIA
ASSEN
ATAMELANG
BEDWANG
BETHANIE
BIESIESVLEI
BLOEMHOF
BOITEKONG
BOONS
BOSHOEK
BRAY
BRITS
BUFFELSHOEK
CHRISTIANA
COLIGNY
CYFERSKUIL
DELAREYVILLE
GANYESA
GROOT MARICO
HARTBEESFONTEIN
HARTBEESPOORTDAM
HEBRON
HUHUDI
IKAGENG
IPELEGENG
ITSOENG
JERICO
JOUBERTON
KANANA
KGOMOTSO
KHUMA
KLERKSDORP
KLERKSKRAAL
KLIPGAT
KOSTER
LEEUDORINGSTAD
LEHURUTSHE
LETHABONG
LETLHABILE
LICHTENBURG
LOMANYANENG
MABESKRAAL
MADIBOGO
MADIKWE
MAHIKENG
MAKAPANSTAD
MAKGOBISTAD
MAKWASSIE
MAREETSANE

LINDLEY
LUCKHOFF
MAFUBE
MAKWANE
MANGAUNG
MAOKENG
MARQUARD
MELODING
MEMEL
NAMAHADI
NAVALSIG
ODENDAALSRUS
ORANJEVILLE
PARK ROAD
PARYS
PAUL ROUX
PETRUS STEYN
PETRUSBURG
PHILIPPOLIS
PHUTHADITJHABA
REDDERSBURG
REITZ
ROADSIDE
ROSENDAL
ROUXVILLE
SASOLBURG
SELOSESHA
SENEKAL
SMITHFIELD
SOUTPAN
SPRINGFONTEIN
STEUNMEKAAR
STEYNSRUS
THABA-NCHU
THABONG
THEUNISSEN
TIERPOORT
TROMPSBURG
TSEKI
TSESENG
TUMAHOLE
TWEELING
TWEESPRUIT
VAN STADENSRUS
VENTERSBURG
VERKEERDEVLEI
VERKYKERSKOP
VIERFONTEIN
VILJOENSDRIF
VILJOENSKROON
VILLIERS
VIRGINIA
VREDE

GLUCKSTADT
GOWAN LEA
GREENWOOD PARK
GREYTOWN
GROENVLEI
HAMMARSDALE
HARBURG
HARDING
HATTINGSPRUIT
HELPMEKAAR
HIBBERDENE
HIGHFLATS
HILLCREST
HILTON-KZN
HIMEVILLE
HLABISA
HLOBANE
HLUHLUWE
HOWICK
IBISI
IMPENDLE
INANDA
INCHANGA
INGOGO
INGWAVUMA
INTSIKENI
ISIPINGO
IXOPO
JOZINI
KINGSLEY
KOKSTAD
KRANSKOP
KWADABEKA
KWADUKUZA
KWAMAKHUTHA
KWAMASHU E
KWAMBONAMBI
KWAMSANE
KWANDENGEZI
LADYSMITH
LAMONTVILLE
LOUWSBURG
MADADENI
MAGUDU
MAHLABATHINI
MALVERN
MANDENI
MAPHUMULO
MARGATE
MARIANNHILL
MAYVILLE-KZN
MBAZWANA
MBONGOLWANE

MARIKANA
MMABATHO
MMAKAU
MOEKA VUMA
MOGWASE
MOKOPONG
MOOIFONTEIN
MOOINOOI
MOROKWENG
MOTHOTLUNG
MOTSWEDI
NIETVERDIEND
ORKNEY
OTTOSDAL
OTTOSHOOP
PHOKENG
PIET PLESSIS
POTCHEFSTROOM
PUDIMOE
REIVILO
RUSTENBURG
SANNIESHOF
SCHWEIZER-RENEKE
SETLAGOLE
STELLA
STILFONTEIN
SUN CITY
SWARTRUGGENS
TAUNG
TLHABANE
TSHIDILAMOLOMO
VENTERSDORP
VORSTERSHOOP
VRYBURG
WOLMARANSSTAD
ZEERUST

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VREDEFORT
WANDA
WARDEN
WELKOM
WEPENER
WESSELSBRON
WINBURG
ZAMDELA
ZASTRON

MEHLOMNYAMA
MELMOTH
MID ILLOVO
MKHUZE
MONDLO
MONTCLAIR
MOOI RIVER
MOUNTAIN RISE
MPOPHOMENI
MPUMALANGA KZN
MPUNGAMHLOPHE
MSINGA
MSINSINI
MTUBATUBA
MTUNZINI
MUDEN
NDUMO
NDWEDWE
NEW HANOVER
NEWARK
NEWCASTLE
NEWLANDS EAST
NGOME
NHLANHLENI
NKANDLA
NONDWENI
NONGOMA
NORMANDIEN
NOTTINGHAM ROAD
NQUTHU
NSUZE
NTABAMHLOPHE
NTAMBANANA
NTUZUMA
NYONI
OSIZWENI
PADDOCK
PAULPIETERSBURG
PHOENIX
PIETERMARITZBURG
PINETOWN
PLESSISLAER
POINT
PONGOLA

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PORT EDWARD
PORT SHEPSTONE
PRESTBURY
RICHARDS BAY
RICHMOND-KZN
RIETVLEI
SAWOTI
SCOTTBURGH
SOUTHPORT
ST FAITHS
SUNDUMBILI
SWARTBERG
SYDENHAM
TAYLORS HALT
THORNVILLE
TONGAAT
TOWN HILL
ULUNDI
UMBILO
UMBUMBULU
UMHLALI
UMKOMAAS
UMLAZI
UMSUNDUZI
UMZIMKHULU
UMZINTO
UPPER TUGELA
UTRECHT
VAN REENEN
VERULAM
VRYHEID
WARTBURG
WASBANK
WEENEN
WEMBEZI
WENTWORTH
WESTVILLE
WINTERTON

MPUMALANGA

ACORNHOEK
AMERSFOORT
AMSTERDAM
BADPLAAS
BALFOUR TVL
BARBERTON
BELFAST
BETHAL
BLINKPAN
BREYTEN
BUSHBUCKRIDGE
CALCUTTA
CAROLINA
CHARL CILLIERS
CHRISSIESMEER
DAGGAKRAAL
DAVEL
DELMAS
DIENTJIE
DIRKIESDORP
DULLSTROOM
EKULINDENI
ELUKWATINI
EMBALENHLE
EMZINONI
ERMELO
EVANDER
FERNIE
GRASKOP
GREYLINGSTAD
GROOTVLEI
HARTEBESKOP
HAZYVIEW
HENDRINA
KAAPMUIDEN
KABOKWENI
KAMHLUSHWA
KANYAMAZANE
KINROSS
KOMATIPOORT
KRIEL
KWAGGAFONTEIN
KWAMHLANGA
LAERSDRIFT
LESLIE
LOTHAIR
LOWS CREEK
LYDENBURG
MAARTENSHOOP

LIMPOPO

ALLDAYS
APEL
BANDELIERKOP
BEITBRIDGE
BELA-BELA
BOLOBEDU
BOTLOKWA
BULGERIVIER
BURGERSFORT
CUMBERLAND
DENNILTON
DORSET
DRIEKOP
DWAALBOOM
ELANDSKRAAL
GILEAD
GIYANI
GRAVELOTTE
GROBLERSDAL
HAENERTSBURG
HLANGANANI
HLOGOTLOU
HOEDSPRUIT
HOOPDAL
JANE FURSE
LEBOENG
LEBOWAKGOMO
LEPHALALE
LETSITELE
LEVUBU
LULEKANI
MAAKE
MAGATLE
MAHWELERENG
MAKHADO
MAKUYA
MALAMULELE
MALEBOHO
MALIPSDRIFT
MANKWENG
MARA
MARBLE HALL
MASEMOLA
MASHASHANE
MASISI
MATLALA
MATLELEREKENG
MECKLENBURG
MODIMOLLE

GAUTENG

ACTONVILLE
AKASIA
ALBERTON
ALEXANDRA
ATTERIDGEVILLE
BEDFORDVIEW
BEKKERSDAL
BENONI
BOIPATONG
BOKSBURG
BOKSBURG NORTH
BOOYSENS
BOSCHKOP
BRACKENDOWNS
BRAKPAN
BRAMLEY
BRIXTON
BRONKHORSTSPRUIT
BROOKLYN
CARLETONVILLE
CLEVELAND
COSMOS CITY
CRYSTALPARK
CULLINAN
DAVEYTON
DAWN PARK
DE DEUR
DEVON
DIEPKLOOF
DIEPSLOOT
DOBSONVILLE
DOORNKOP
DOUGLASDALE
DUBE
DUDUZA
DUNNOTTAR
EDENPARK
EDENVALE
EERSTERUST
EKANGALA
ELDORADO PARK
ELSBURG
ENNERDALE
ERASMIA
ETWATWA
EVATON
FAIRLAND
FLORIDA
FOCHVILLE

MACHADODORP
MAHAMBAMBA
MALELANE
MASOYI
MATSULU
MAYFLOWER
MBUZINI
MHALA
MHLUZI
MIDDELBURG MPUMALANG
MMAMETLAKE
MORGENZON TRANSVAAL
NELSPRUIT
NGODWANA
OGIES
PERDEKOP
PHOLA
PIENAAR
PIET RETIEF
PILGRIMS REST
SABIE
SAKHILE
SCHOEMANS DAL
SECUNDA
SHEEPMOOR
SIYABUSWA
SKUKUZA
STANDERTON
SUNDRA
TONGA
TRICHARDT
TWEEFONTEIN
VAALBANK
VAL
VERENA
VOLKSRUST
VOSMAN
WAKKERSTROOM
WATERVAL BOVEN
WITBANK
WITRIVIER

MODJADJISKLOOF
MOGWADI
MOKOPANE
MOKWAKWAILA
MOLETLANE
MOREBENG
MOTETEMA
MPHEPHU
MUSINA
MUSWODI
MUTALE
NABOOMSPRUIT
NAMAKGALE
NEBO
NORTHAM
OHRIGSTAD
PHALABORWA
PIENAARSRIVIER
POLOKWANE
RAKGOADI
RANKINS PASS
RITAVI
ROEDTAN
ROOIBERG
ROOSSENEKAL
RUST DE WINTER
SAAMBOUBRU
SASELAMANI
SEBAYENG
SEKGOSESE
SEKHUKHUNE
SENWABARWANA
SESHEGO
SILAM
THABAZIMBI
THOHOYANDOU
TINMYNE
TOLWE
TOM BURKE
TSHAMUTUMBU
TSHAULU
TSHILWAVHUSIKU
TSHITALE
TUBATSE
TUINPLAAS
TZANEEN
VAALWATER
VHULAUDZI
VILLA NORA
VUWANI
WATERPOORT
WATERVAL
WESTENBURG

GA-RANKUWA
GARSFONTEIN
GERMISTON
HAMMANSKRAAL
HEIDELBERG (GP)
HEKPOORT
HERCULES
HILLBROW
HONEYDEW
IVORY PARK
JABULANI
JEPPE
JHB CENTRAL
KAGISO
KAMEELDRIFT
KATLEHONG
KATLEHONG NORTH
KEMPTON PARK
KHUTSONG
KLIPRIVIER
KLIPTOWN
KRUGERSDORP
KWA THEMA
LANGLAAGTE
LAUDIUM
LENASIA
LENASIA SOUTH
LINDEN
LOATE
LYTTELTON
MABOPANE
MAGALIESBURG
MAMELODI
MAMELODI EAST
MEADOWLANDS
MEYERTON
MIDRAND
MOFFATVIEW
MONDEOR
MOROKA
MULDERSDRIFT
NALEDI
NIGEL
NORKEMPARK
NORWOOD
OLIEVENHOUTBOSCH
OLIFANTSFONTEIN
ORANGE FARMS
ORLANDO
PARKVIEW
PRETORIA CENTRAL
PRETORIA MOOT
PRETORIA NORTH

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WITPOORT
ZAAIPLAAS
ZEBEDIELA

PRETORIA WEST
PRIMROSE
PROTEA
PUTFONTEIN
RABIE RIDGE
RANDBURG
RANDFONTEIN
RATANDA
REIGERPARK
RIETGAT
ROODEPOORT
ROSEBANK
SANDRINGHAM
SANDTON
SEBENZA
SEBOKENG
SHARPEVILLE
SILVERTON
SINOVILLE
SOPHIA TOWN
SOSHANGUVE
SPRINGS
SUNNYSIDE
TARLTON
TEMBA
TEMBISA
TEMBISA SOUTH
THE BARRAGE
TOKOZA
TSAKANE
VAAL MARINA
VANDERBIJLPARK
VEREENIGING
VILLIERIA
VOSLOORUS
WEDELA
WELBEKEND
WESTONARIA
WIERDABRUG
WONDERBOOMPOORT
YEOVILLE
ZONKIZIZWE

Search

Record Layout

Electronic Invoice received from HRM

Header Record

Field description

Record Type	Field type	Length	Value	Comments
Supplier Number	Numeric	3	001	
Invoice Date	Alpha	5		
Invoice Period	Numeric	8		The supplier number on Polin for HRM that must receive payment
Date Generated	Numeric	6		YYYYMMDD
	Numeric	8		YYYYMM
	Numeric	8		YYYYMMDD

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Detail Record for Invoices

Field description

Record Type	Field type	Length	Value	Comments
Invoice Number	Numeric	3	002	
Authorization Number	Alpha	12		
Tariff Code	Numeric	10		Authorization number from HRM for member to receive medical evaluation
Quantity	Alpha	6		NH&L tariff code for treatment / medical
Unit Amount	Numeric	4.2		Quantity of treatment
VAT Amount	Numeric	11.2		Amount charged for tariff
Service Date	Numeric	11.2		VAT amount
Medical Practice Number	Numeric	8		YYYYMMDD
	Numeric	13		Practice number of doctor - if available

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Detail Record for Credit Notes

Field description

Record Type	Field type	Length	Value	Comments
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Detail Record for Credit Notes

Field description	Field type	Length	Value	Comments
Record Type	Numeric	3	003	
Credit Note Number	Alpha	12		Original Invoice Number
Invoice Number	Alpha	12		Authorization number from JHM for member to receive medical
Authorization Number	Numeric	10		NRPPL tariff code for treatment / medical
Tariff Code	Alpha	9		Quantity of treatment
Quantity	Numeric	4.2		Amount claimed for tariff
Line Amount	Numeric	11.2		VAT amount
VAT Amount	Numeric	11.2		YMMMMDD
Service Date	Numeric	8		Practice number of doctor - if available
Medical Practice Number	Numeric	13		

Trailer Record

Field description	Field type	Length	Value	Comments
Record Type	Numeric	3	999	
Total number of Invoices	Numeric	7		
Total number of Credit Notes	Numeric	7		
Total of Invoice Amounts	Numeric	14.2		
Total VAT for Invoices	Numeric	14.2		
Total of Credit Note amounts	Numeric	14.2		
Total VAT for Credit Notes	Numeric	14.2		

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SOUTH AFRICAN POLICE SERVICE

PRE EMPLOYMENT MEDICAL EVALUATION

STANDARD OPERATING PROCEDUES

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STANDARD OPERATING PROCEDUES

SAPS 553

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MEDICAL EVALUATION REQUEST FORM

Explanation for applicants and South African Police Service Recruitment Offices

PURPOSE

The purpose of this document is to indicate to the South African Police Service Recruitment office the importance of completing the Medical Evaluation Request form thoroughly and to ensure that the applicants take it with to the examiner.

SCOPE

An explanation of this document so that the South African Police Service Recruitment Office understand the importance.

PROCEDURE

An explanation of this document so that the South African Police Service Recruitment Office, prior to the scheduled appointment with the medical examiner. The form should be sent with the applicant to the medical examiner (Part 1)

STEPS TO BE TAKEN

1. The applicable South African Police Service Recruitment Office details should be completed properly in order to report all abnormal findings and future communications (Part 2).

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MEDICAL EVALUATION REQUEST FORM

Explanation for medical examiner

PURPOSE

This document serves to explain to accredited medical examiners that are requested to examine applicants for the South African Police Service.

PROCEDURE

1. The applicant will present the medical examiner with the Medical Evaluation Request Form to indicate the purpose and authorization of the medical evaluation.
2. The South African Police Service recruitment office must complete Part 1 & 2 of the Medical Evaluation Request Form.
3. The Medical Evaluation Request Form should be filed and will serve as proof that the appointment was made by the South African Police Service for the indicated applicant.
4. A copy of the Medical Evaluation Request Form must be attached to all invoice and claims for payment,

STEPS TO BE TAKEN

1. The Medical Evaluation Request Form will contain information, which will assist the medical examiner in the examination.
2. Please ensure that the South African Police Service Recruitment Office's details (Part 2) are clear and complete, as this will assist in further communication.

MEDICAL EVALUATION DOCUMENT

Explanation for applicants and the South African Police Service Recruitment Offices

PURPOSE

This document serves to clarify most of what will happen to an applicant, from when she or he decides to go for an examination, until the test are completed. It also contains useful tips that will ease the examination process.

SCOPE

This document applies to all persons who have to undergo a pre-employment medical evaluation request by the South African Police Service.

PROCEDURE

1. When visiting an accredited medical examiner, the Medical Evaluation Request Form should be handed to the examiner to be completed.
2. The applicant should ensure that all questions are answered and all examinations are completed thoroughly.
3. Ensure that the examiner signs the form and includes his personal details in an easy identifiable format.

STEPS TO BE TAKEN

1. Referral to an appointed medical examiner by the South African Police Service Recruitment Office.
2. Phone for an appointment well in advance.
3. Ensure that the receptionist knows that the appointment is for a complete 1½ hour medical examination.
4. Turn up at least ½ hour before your appointment time.
5. Report any unprofessional behaviour to the South African Police Service.
6. HIV/AIDS testing may not be done without your informed consent.

7. Ensure that drug testing is done within the correct protocols.
8. Applicants' details (Part 1 – Medical Evaluation Request Form) must be completed first and South African Police Service Recruitment Office' identification (Part 2 – Medical evaluation Request Form) to be completed precisely.
9. The examiner will request your full medical history (Part 1 – Medical Evaluation Document) inclusive of the following:
 - Family history. Detail of your close family (father/mother/brother/sister/children) and medical history, in respect of the illnesses indicated.
 - Occupational history in respect of diseases related to work that you have done in the past, example asbestos-work on asbestos mines.
 - Medical history. Any illnesses, operations or disease that you have or may have suffered from that can or could have a serious impact on your ability to serve as an active officer.
 - If you wear glasses or take any tablets, ensure that you take it when visiting the examiner.
 - It is not compulsory to answer questions 35 and 36 (under medical history) but will be helpful in assisting the examiner in generating more accurate opinion of your total wellbeing. This information will remain strictly confidential.
10. The physical examination should only be conducted by accredited examiner acting in a professional capacity in a well-equipped, clean consulting room. Be well rested, neat and on time for your appointment, as it could affect your pulse or blood pressure. Balanced meals should be taken during 24 before the examination to obtain an accurate blood sugar count and urine analysis. All medication that you normally take must be administered at their normal times in order to influence the result of the examination.
11. On the request of the South African Police Service, you may be required to undergo a drug and alcohol test.
12. The fitness recommendation will be completed (Part 1 & 2 – Medical Evaluation Certificate), indicating your employment status:
 - Recommended
 - Not recommended
13. The examiner's details will be completed (Part 3 & 4 – Medical Evaluation Certificate), which will show his initials, surname, signature and qualifications. Always ensure that the correct date appears.

MEDICAL EVALUATION DOCUMENT

Explanation for medical examiners

PURPOSE

This document serves to explain to the medical examiner which Medical Examination Document should be completed at what stage and for what reasons. It will emphasise the importance of accuracy, thoroughness, neatness on the part of the examiner.

SCOPE

This document applies to all medical examiners that do medical examinations on South African Police Service applicants.

PROSEDURE

1. When a new applicant arrives for a medical examination, Part 1 – Medical Evaluation Documents – should be completed thoroughly and no question may be left unanswered except 35 and 36.
2. The documents should be completed and signed in an easily identifiable, neat format.
3. All new applicants should be treated in a professional manner throughout the examination from reception through the physical examination and tests.
4. The examiner should adhere to all ethical legal rules and regulations with regards to drug and alcohol testing, as well as HIV/AIDS testing.
5. Allocate adequate time, as the examination will take at least one and a half hours.

STEPS TO BE TAKE WITH NEW APPLICANTS MEDICAL EXAMINATION

1. Ensure that the applicant's details are correctly completed and always positively identify the applicant. (Part 1 – Medical Evaluation Request Form).
2. The family history of an applicant will give the examiner some indication of which tests should be concentrated on, for example where a parent has diabetes, the examiner will have a high suspicion that the recruit could also suffer from this condition.
3. The same would apply to an applicant who has been exposed to some potential industrial or occupation hazards.

4. Many diseases marked (Yes) under medical history could render the applicant unfit and should be investigated further. It could also assist with the rest of your examination.
5. Always ensure that the applicant properly understands the history questions asked. If no (Yes) points are marked, questions like:
 - Have you ever been in hospital?
 - Have you ever had medication?
 - Have you ever had stitches?

Could help stimulate the applicant's memory. It is not compulsory for the applicant to answer questions 35 and 36 (under medical history). If it is completed, please ensure the strictest confidentiality under all circumstances.

6. For the physical examination (Part 3), always ensure that your equipment is of high quality and calibrated. The applicant's future depends on your examination.
7. Blood pressure and pulse rate must always be taken after the applicant has rested for at least 5 minutes. The blood pressure should be taken lying down, as well as in a sitting position.
8. Any abnormality of the urine analysis especially blood, protein or sugar should be further investigated.
9. Applicants must be examined thoroughly in order that you will not miss abnormalities or deformities that could affect the applicant's skill and abilities.
10. Documented identification of body marks could help with identification of an applicant after fatal accident or incident.
11. The visual examination should always be done by the medical examiner or qualified optician.
12. Visual accuracy should be measured with a Snellen notation chart at the correct distance or with an Orthorator refractor.
13. Visual fields can be done manually or with Orthorator.
14. Colour vision should be done with an Ishaira chart or the Lantern method.
15. A thorough aetiological examination is important for two reasons:-
 - To indicate if the applicant's hearing was normal at the time of employment.
 - Whether he/she developed problems due to job.

16. A stress ECG is required if there are any high risk factors in an applicant's history or detected during investigation. Family history, high cholesterol or hypertension is but a few danger signs. On examination, hypertension, tachikardia or chest pain, ect. Will also be an indication for a stress ECG.
17. A chest X-ray is indicated if any factors in the applicant's history are indicative of lung disease, for example working in underground coal mines. If the examination shows major abnormalities, such as crepites or rhonchi, a chest X-ray is always indicated.
18. Lung functions are indicated for the same reasons as chest X-rays.
19. A gynaecological examination should be done on all female applicants but a gynaecologist report will be accepted on presentation.
20. Blood sugar should always be tested as part of the screening process.
21. If other tests are indicated and applicant gives his/her informed consent, they may be done. Otherwise, it should be noted as a restriction subject to a normal result.
22. The form must be signed and the examiner's details should be added in an easy identifiable and neat format (Part 4 – Medical Evaluation Certificate).
23. The medical examiner must take note of the following common factors, which in the past resulted in injuries during training:
 - i. Older applicants are more prone to injury.
 - ii. The tendency towards a high body mass index, especially in female applicants due to a high sedentary lifestyle.
 - iii. Spinal and joint injuries and/or surgery may be present in which case a specialist report will be required.
24. Physical training requires the applicants to do sit-ups, push-ups and obstacle courses, running and learning to apply "search and cuff" techniques, which will put strain on the shoulder joint.
25. Most common injuries occur to the knee and ankle joints and extra care should be taken to ensure healthy joints. These commonly occur in the first month of training.
26. Shock and stress fractures occurring during the second month can be avoided by ensuring that the applicant's feet are healthy and abnormalities like pronation and supination are rectified, prior to training, by a podiatrist.

MEDICAL EVALUATION CERTIFICATE

Explanation for applicants and the South African Police Service Recruitment Offices

PURPOSE

This document serves to explain the findings and recommendation of the medical evaluation to the applicant and employer and indicate how to respond.

SCOPE

This document applies to all applicants and Recruitment Offices of the South African Police Service.

PROCEDURE

1. The Medical Evaluation Certificate should be handed to the medical examiner for completion during the medical examination.
2. The Medical Evaluation Certificate should be completed by the medical examiner thoroughly and in an easy, readable and neat format.
3. The applicant and employer should act on the results indicated under limitations, restrictions and findings and follow the recommendations.

STEPS TO BE TAKEN

1. The Medical Evaluation Certificate must be handed to the applicant for submission to the South African Police Service Recruitment Office.
2. If any limitations and restrictions are documented, the applicants should adhere to them. For example: Recommended wearing corrective lenses. This means that the applicant should wear his/her lenses at all times whilst in active police service.
3. The findings are recommendations (Part 1) should be noted and responded to. For example, if hypertension is in the finding and it is recommended that:-
 - Salt must be restricted
 - Medication should be taken, etc.
 - The applicant should act on it immediately as it could jeopardise his/her future examinations and abilities.
4. Once again, both parties should ensure that the examiner has completed the documents in an easy, readable and neat format. (Part 2 – 4)
5. Information must be treated as confidential.

MEDICAL EVALUTATION CERTIFICATE

Explanation for medical examiners

PURPOSE

This document serves to explain to the medical examiner the importance of completing the Medical Evaluation Certificate. It also explains with regard to the limitations, restrictions, findings and recommendations.

SCOPE

This document applies to all medical examiners performing an examination on new applicants of the South African Police Service.

PROCEDURE

1. This document must be complete after the medical examination has been completed and should be handed to the applicant for submission to the South African Police Service Recruitment Office. (Part 2 – Medical Evaluation Request Form).
2. All limitations and restrictions must be carefully documented (Part 1).
3. All abnormal medical findings and recommendations must be carefully documented (Part 1).
4. New applicants' fitness status should be indicated. (Part 2).
5. By signing this document, you as the medical examiner accept the declaration, which could have legal implications. (Part 3).
6. Positive identification of the applicant is the utmost importance.

STEPS TO BE TAKE

1. Ensure that the applicant's details are completed in an easy, readable and neat format (Part 1)
2. All findings that could restrict the applicant in a way should be documented and the importance of adherence should be explained to the applicant (Part 1).
3. Abnormal medical findings and recommendations must be documented to enable the applicant, his/her employer and his/her physician to act accordingly in protecting the applicant's health and future safely.

4. An applicant should be declared unfit if any condition, disease or abnormality is found that renders him/her unfit according to the South African Police Service guidelines.
5. Ensure that all parts have been completed in an easy, readable and neat format.
6. All information and results must be treated as confidential.

HEIGHT AND WEIGHT MEASUREMENT AND BODY MASS INDEX

PURPOSE

This document serves to evaluate the physical capabilities and nutritional status of the new applicants.

SCOPE

This document applies to all accredited medical examiners that are requested to examine applicants for the SAPS.

PROCEDURE

1. The new applicants will be weighed in kilograms, clothed, without shoes.
2. The new applicant's height will be measured in meters, clothed without shoes.
3. This document will be completed and filed as this will assist with future comparison.

STEPS TO BE TAKEN

Insert the relevant information into the following formula to determine the BMI:

BMI = Mass in kilograms

Height in m²

**SOUTH AFRICAN POLICE
SERVICE**

PRE EMPLOYMENT MEDICAL EVALUATION

Guidelines

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Important notice

The evaluation of the fitness of new applicants for active police work is an evolving field. The study material has been developed from, what we believe is credible international and national sources and reflects the current approaches in this field. In the light of the possibility of human error or changes in health sciences or legislation, neither the author, editors nor any party who has been involved in the preparation or publication of this work, claim that the information contained herein is in every respect accurate or complete. As far as legislative and legal aspects are concerned, *this* work does not constitute legal opinion and professional advice should be sought in cases that, in the discretion of the reader, so warrant.

Acknowledgement

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ANNEXURES

SOP Manual

Medical Evaluation Request Form

Medical Evaluation Document Medical

Evaluation Certificate

Objectives of these guidelines

These guidelines will enable the health professional to:

Determine whether the applicant will be able to physically perform his/her training duties safely and effectively.

Determine whether any underlying health condition that has been diagnosed, could in future adversely affect his/her ability to perform his/her duties safely and effectively, in particular whether this could occur without prior warning.

Evaluate whether the applicant's present state of health can be affected by the performance of his/her duties and if so, what can be done to alleviate or rectify this effect.

Determine if the applicant has the ability to make clear and objective decisions with minimal risk to him-/herself and others.

Know the medical rejection criteria for new applicants and how to properly complete the documentation.

Know when to declare applicants fit, unfit and temporary unfit.

Be aware of the legislative framework that governs pre-employment medical examinations, as contained in the South African Police Service Act, 1995 (Act No 68 of 1995), the Employment Equity Act, 1998 (Act No 55 of 1998) and the South African Constitution Act (Act No 106 of 1996).

The most important sections of legislation governing the medical requirements for new applicants are the following:

Section 1: Background

South African Police Service Act, 1995 (Act No 68 of 1995), including but not limited to Regulations for the South African Police (GNR203 of 14 February 1964, as amended) and South African Police Service Employment Regulations (GNR389 of 14 April 2000), as amended by GNR764 of 24 August 2001 and GNR839 of 14 June 2002.

Labour Relations Act, Act No 66 of 1995

Employment Equity Act, Act No 55 of 1998

Occupational Health and Safety Act and Regulations, Act No 85 of 1993

Compensation for Occupational Injuries and Diseases Act, Act No 130 of 1993

Road Traffic Act, Act No 29 of 1989

National Road Traffic Act, Act No 93 of 1996

Medical testing includes any test, question, inquiry or other means designed to ascertain, or which has the effect of enabling the employer to ascertain, whether an applicant has any medical condition.

(EEA, section 1)

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According to the International Code of Ethics for Occupational Health Professionals health assessments have to be done on a good knowledge of the job demands and the specific workplaces. Practitioners who are commissioned to undertake the medical screening required by the SAPS have to ensure that they are *au fait* with the particular job demands at stake. Along lines similar than those discussed above, age and gender requirements (or requirements that could relate to age or gender, such as physical strength) may be susceptible to scrutiny.

The following should be borne in mind:

- Requirements in terms of health assessments have to be proven (i.e. there is evidence to justify an applicant with a certain health profile from not occupying a certain position) requirements of a particular job.
- These requirements have to relate to the competencies required to execute the job or particular aspects of the job. The particular health requirements and its relationship with the competencies of the job have to be articulated.
- Required health competencies should be proportional to the dangers involved with the job.

1.1 Medical requirements for new applicants

The tasks of an applicant and future police officer are extremely complex as they include the following components:-

- i) Administrative skills;
- ii) Physical ability, strength fitness, etc;
- iii) Mental ability and skills to negotiate, etc;
- iv) Driving skills and the ability to interact with the vehicle within the constrictions of a natural and unnatural environment;
- v) Environmental factors;
Weather conditions;
Working at night; and
Working in suburbs, townships and countryside.
- vi) Business
Shifts
Training
Contract requirements, especially deadlines.
- vii) Legal
Arrests
Speed limits
Log books
License requirements
Blood alcohol limitations

1.2 Who is qualified to do the evaluations?

According to Regulation 11 of the Regulations, an applicant is required to submit him-/herself to a physical medical examination.

1.3 Standards, ethics and the health professional

The health practitioner's responsibility is to the individual applicant, the SAPS and also to the broader society. Practitioners should be mindful of the ethical principles applicable to dual loyalty situations. A practitioner's first priority should be with the applicant: In cases of conflict between an individual applicant, the SAPS or society at large, a practitioner's loyalty should be with such applicants. This does not mean that a practitioner should, for example, violate legislative requirements to protect an applicant, but should inform an applicant of the existence of these before acting on it.

The main reason for the applicant's fitness **standards** is to protect the safety of the applicant and the public. Therefore, the purpose of the medical evaluation is to establish whether the applicant suffers from any medical condition that could affect his/her ability to perform training and his/her duties in a safe manner.

Standards assist health professionals who are responsible for conducting medical examinations of applicants. This function of the health professional is carried out on behalf of the SAPS recruitment division, who need clear, non-technical advice. Regarding an applicant's fitness to endure and complete training and perform in his/her duties adequately and safely.

The health professional may use special investigations, as well as clinical expertise in order to reach a decision. Unusual conditions may require special consideration and specialist referral may be necessary. When in doubt, the key objective of personal and public safety must guide the health professional. The final decision on certification rests with the SAPS recruitment division.

Confidentiality is an integral part of the relationship with the applicant. However, it is sometimes difficult if the applicant has to inform the authorities that s/he has a medical condition that disqualifies him/her. The applicant might be extremely unwilling to do so, as his/her livelihood is threatened.

131 The role of the health professional

The role of the health professional is to:

- be aware of the legislative requirements regarding the pre-employment examination of an applicant applying for a position in the SAPS;
- verify the applicant's identification;
- perform the prescribed evaluations;
- perform any other evaluations that are in the applicant's own interest;
- refer the applicant for specialist opinion, should there be a need;
- request the relevant specialist investigations;
- make a decision regarding the fitness of the applicant;

- certify that the applicant does, or does not comply with the prescribed medical standards; and
- complete the appropriate form

1.3.2 The role of the employer

The role of the employer is to:

- inform the applicant of the health risks involved in his/her job;
- inform the applicant regarding the risks involved in his/her job;
- provide the necessary training;
- ensure that the applicant undergo the necessary health evaluations;
- pay for these health evaluations; and
- provide the health professional with the necessary information about the applicant.

Pre-employment

Taking a complete history of the applicant should receive special attention. This should be done in the context of the specific job-man specifications for the specific job and taking the associated risks into consideration.

An in-depth knowledge of the job specifications is necessary to conduct the above.

Section 2: The medical evaluation

2.1 The purpose of medical evaluation

- The medical practitioner is required to certify that an applicant does not have any physical, mental or organic defects of such a nature as to affect the applicant's ability to be trained safely and to execute his/her duties safely.
- The purpose of the medical examination is to enhance and protect both the safety of the public and that of the applicant concerned.
- Ethics and confidentiality should always be important considerations when conducting the medical evaluation.

2.2 The evaluation process

2.2.1 The process of issuing a fitness certificate

- The applicant applies for a position in the SAPS.

- This is followed by a medical evaluation, which is conducted by a medical practitioner who issues a medical certificate.
- The completed medical certificate will then be taken back to the SAPS recruitment officer.

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2.2.2 Medical Health Evaluation Request Form

The SAPS recruitment officer will send a Medical Health Evaluation Request Form to the medical practitioner with the applicant.

2.3 Documentation required at the time of the medical evaluation

The SAPS recruitment office should provide the following standard forms for use by the examiner:

A: Medical Examination Form and Certificate

- This form is used for taking and documenting the medical history and medical examination of the new applicant.
- It makes provision to document whether a medical certificate has been issued.

B: Medical Health Evaluation Request Form

This form is sent by the SAPS recruitment office with the patient to indicate the reason for examination and risk factors:

2.4 A general approach to the evaluation

The aim of the medical evaluation is to:

- determine whether an individual has an established medical history or a diagnosis of a specific disease which could have a negative impact on fulfilling the job requirements ; and to
- determine whether that condition could interfere with his/her ability to be trained safely and execute his/her duties safely.

2.5 History gathering

- Patient identification.
- Confirm the type of the evaluation

2.5.1 General

- Age (between 18 and 30 years)
- Gender
- Document weight loss/gain
- Document if the applicant has ever been refused insurance cover
- Personality (tolerant, mature, honest and service-minded)

- Exposure to environmental factors
- Atmospheric conditions
- Irritation and allergies
- Adverse physical surroundings
- Adverse vision and hearing conditions
- Adverse working conditions

2.5.2 Acute problems

- List any complaints, if applicable.

2.5.3 Previous medical history

- Visits to healthcare professionals in the past 12 months (this includes traditional healers and alternative healthcare practitioners)
- Allergies
- Family history
- Medication use (current/ past/chronic)
- Previous surgical interventions
- History of malignancies

2.5.4 Social history

- Smoking (NB quantify-e.g. 20 cigarettes/day X 1 year = 1 pack year)
- Alcohol use
- Addictive substance use

2.5.5 Occupational history

- Type of work, hours of work and hazard exposure (always obtain information on previous occupations)

2.5.6 Cardiovascular system

- Any known cardiovascular disease e.g. :
 - Heart murmurs
 - Hypertension
 - Angina
 - Myocardial infarction
- Chest discomfort or pain
- Palpitations
- Swelling of the lower extremities (edema)
- Dyspnea
- Syncope / dizziness
- Family history of cardiovascular disease
- Evaluation of risk factors (age, sex, blood pressure, family history of cardiovascular disease, smoking, sedentary lifestyle)
- Medication relating to cardiovascular diseases

2.5.7 Respiratory system

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- Any known respiratory disease e.g.
 - ▶ Asthma
 - ▶ Chronic bronchitis and emphysema
 - ▶ Recent pneumonia
 - ▶ Tuberculosis
 - ▶ Occupational health disease - for example lung fibrosis
- Any history of:
 - ▶ Dyspnea / orthopnea / paroxysmal nightly dyspnea
 - ▶ Tachypnea
 - ▶ Cough (productive/ non-productive)
 - ▶ Hemoptysis

2.5.8 Gastro-intestinal system

- Any known stomach, liver or other gastro-intestinal problems
- Any history of:
 - ▶ Heartburn / frequent indigestion
 - ▶ Nausea/ vomiting
 - ▶ Diarrhea
 - ▶ Gastro-intestinal hemorrhage
 - ▶ Loss of appetite
 - ▶ Abdominal pain
 - ▶ Jaundice
-

2.5.9 Neurological system

- Any known neurological disorder
- Any known neuro-muscular disorder (e.g. Parkinson's Disease or Multiple Sclerosis)
- Any history of:
 - ▶ Dizziness or vertigo
 - ▶ Loss of consciousness
 - ▶ Previous head injury or concussions
 - ▶ Epilepsy or convulsions -
 - ▶ Headaches
 - ▶ Sensory abnormalities
 - ▶ Motion sickness - that needed treatment
 - ▶ Muscular in-coordination
 - ▶ Slurring of speech/ speech disorders
 - ▶ Sleep disorders (e.g. excessive sleepiness)

2.5.10 Eyes

History should focus on symptoms in the following categories:

- Abnormal appearance
 - Visual disturbances (e.g. blurred vision, sudden loss of vision)
- Pain

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Pain could be associated with conditions such as intra-ocular inflammatory disease (e.g. uveitis), raised intra-ocular pressure (acute glaucoma), eyestrain and uncorrected optical errors. Migraine is often associated with visual symptoms such as flashing or zigzag lights.

- Any history of:
 - ▶ Vision disorders
 - ▶ Color blindness
 - ▶ Use of glasses or contact lenses
 - ▶ Glaucoma

2.5.11 Psychological

Any history of psychological disorders, e.g. significant memory loss, concentration problems, agitation, behavior disturbance, suicidal thoughts or sleep disorders. Any history of treatment for depression, anxiety disorders or any other psychological disorder.

2.5.12 Hearing disorders

Any history of acute or chronic ear infections, hearing loss or tinnitus.

2.5.13 Endocrine disorders

Any history of:

- Diabetes mellitus
- Thyroid abnormalities
- Other endocrine abnormalities

2.5.14 Musculoskeletal disorders

Record any history of injuries, chronic pain and any disability- especially knees, ankles, neck, back and shoulders.

2.6 The medical examination

2.6.1 General

The following aspects must be evaluated:

- General impression
- Weight
- Height
- Scars
- Blood pressure (standing and lying down)
- Pulse (rhythm, rate, character of pulse)
- Temperature

2.6.2 Examination of the head

Examination of the eyes


Examination of the eye includes:

- Physical inspection
- Pupil reactions
- Ocular movements
- Ophthalmoscopy (e.g. hypertension, diabetes etc.)
- Visual acuity
- Color vision
- Visual fields

Visual acuity

As all applicants will be required to have a driving license, reference is made to Regulation 102 of the National Road Traffic Act, Act 93 of 1996. Three aspects are important for a new applicant, **vision acuity** according to the Snellen grading, **visual fields** and **color vision**.

Visual acuity should be tested in conditions with sufficient illumination, producing a measure of cone function. The Snellen chart is used for testing distance vision.

	<p>The procedure for the Snellen test</p> <ul style="list-style-type: none"> • Seat or stand the applicant 6 meters for the chart • Ask applicant to cover each eye in turn (with the palm of the hand, but not putting pressure on the eye) • Then determine the smallest line of print that s/he can read comfortably. • Repeat procedure with other eye.
---	--

The visual acuity is then expressed as the ratio of the distance between the applicant and the chart (usually 6 meters) to the figure on the chart immediately above the smallest visible line.

For example: An acuity of 6/12 indicates that, when positioned 6 m from the chart, the applicant is able to read down the chart only to the "12" line.

When performing the Snellen test, the specific line on the Snellen test is failed if the applicant makes two mistakes.

If an applicant wears glasses for correction, the test must be carried out with them, and indicated as such on the medical form.

If the applicant cannot read the "60" line at 6 meters, he/she can be asked to stand at 3 meters. Acuity is then recorded as 3/...

A visual acuity of less than 1/60 is seen as counting fingers. Near vision can be tested by using various reading test types.

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Color vision

Defective color vision occurs in 8% of men and 2% of women. Of men, 2% have a red perception defect (proton) and 6% have a green perception defect (data). Some studies have indicated that drivers with a proton defect have nose, to-tail collision rate.

Color vision can be tested by using the green/red colors on the Snellen chart or by using an Ischiara test vision book. Although color vision abnormalities are not seen as exclusion criteria, ross red/g reen deficiency should be viewed with caution.



The Ischiara test

The series of colour plates is designed to give a quick and accurate assessment of colour vision, especially congenital colour vision deficiency, which is characterized by red-green deficiency. The plates are held 75cm from the subject and tilted so that the plate of the paper is at a right angle to the line of vision. The numerals, which are seen on plates 1-17, should be stated without more than three second delay. If s/he is unable to read the plates 18-24 are used and the winding lines between two X's are traced. A table with the typical readings of an applicant with normal colour vision is available in the Ischiara test book, to help with the assessment. Some of the possible deviations regarding colour vision are also outlined.

Visual fields

Visual fields are not symmetrical. They extend superiorly and medially for approximately 60°, temporally for approximately 100°, and inferiorly for approximately 75°. The blind spot, situated approximately 15° from fixation in the temporal field, marks the position of the optic disc.



Visual fields evaluation

- Sit approximately one meter from the applicant.
- Use a small coloured object to test, as hand or finger movements are too crude a stimulus for assessing central field defects.

To test the right visual field, ask the applicant to cover his left eye with his left hand. Ensure that the patient's right eye remains fixed on your left eye throughout the whole examination. The limits of the peripheral field can be tested by bringing the coloured object into the quadrants.

The history and examination should focus on any previous middle ear or mastoid disease, symptoms of vertigo, Meniere's syndrome or chronic discharge and any hearing problems.

Hearing:

Mild to moderate hearing loss can negatively influence the applicant when in a potentially dangerous situation e.g. [arrests, contact]. It is recommended that drivers of public vehicles have a reasonable level of hearing to be aware of changes of noises in the immediate environment [vehicle, engine or the road].

Tuning forks will give you an idea of whether the hearing loss is conductive or sensory-neural and whether one or both-ears are affected. A 512 HZ tuning fork is most suitable. Two tests to be conducted are the Weber test and the Rinne test.



Weber test:

Place the strongly vibrating tuning fork (256 or 512 Hz) to the middle of the forehead and ask the applicant whether the sound is heard loudest in the midline or preferentially to one side.

Normally the sound should appear to arise in the midline. An applicant with sensory neural deafness will perceive the sound as arising for the better ear. In conduction deafness, however, the sound appears to arise from the deaf side.

Rinne test:

Place the vibrating tuning fork on the mastoid process (to assess bone conduction of sound) and then just lateral to the external ear. Ask the applicant which of the two sounds appear louder.

Rinne's test determines whether air conduction is better than bone conduction. Normally the air-conducted is perceived as louder. In perceptive deafness this discrepancy remains, but in conductive deafness it is reversed.

Audiometric testing is required before the employee commences employment or within 30 days of commencement of employment. The test results should include testing at the following decibel levels; 550 Hz, 1000 Hz, 2000 Hz, 3000 Hz, 4000 Hz and 6000 Hz.

Vestibular function

Vestibular abnormalities include acute labyrinthine damage or vestibular nerve damage, as seen in head injuries with fractured petrous temporal bone and acute vestibular neuritis, resulting in nausea, vertigo or dizziness and balance disturbances. Vestibular malfunction, as seen in Meniere's disease, can occur despite treatment. The natural history is that of progression and in the extreme, total loss of vestibular and cochlear function.

Direct evaluation in the consulting room can at best be difficult.

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There are **two main types** of positional vertigo and nystagmus:

- *Peripheral lesions (usually calcific deposits in the otolith organ) cause vertigo and nystagmus after a latent period of a few seconds and the nystagmus declines if the position of the head is maintained.*
- *Central lesions. The nystagmus has no latency and it does not decline if the position is maintained. It is however rare and less likely to cause vertigo.*

An **acute peripheral vestibular disturbance** is suggested by a combination of physical findings:

- *Unidirectional jerk/rotary nystagmus, with the slow component to the side of the affected ear.*
- *When eyes are closed, the applicant tends to fall to the side of the slow phase of the nystagmus.*
- *The applicant could experience a sense of rotation of the environment, in the direction of the fast phase of the nystagmus.*

Central vestibular (nerve damage) and labyrinth abnormalities are suggested by the following physical findings:

- First degree nystagmus (e.g. to the left will be a fast beating nystagmus to the left in left lateral gaze)
- Positional nystagmus
- Impairment of the caloric reflex

An audiogram will confirm the abnormality.

Throat

Note any evidence of conditions/diseases that could interfere with eating or breathing.

2.6.3 Examination of the cardiovascular system

General

Over and above the general examination of the cardiovascular system, special attention should be given to the following:

- Hypertension
- Angina or previous myocardial infarction (myocardial ischemia)
- Signs of cardiac failure (e.g. congestive)
- Cardiac myopathies
- Cardiac arrhythmias
- Other peripheral vascular disorders
- Decisions regarding the need for referral or further investigations e.g. electrocardiogram.

Criteria for conducting a stress ECG	Contra-indications for a stress ECG
History of chest pain Hypertension History suggestive of stable or unstable angina (myocardial ischemia) Previous myocardial infarction Cardiac arrhythmia Heart failure Peripheral vascular disease Hypertrophic cardiomyopathies Angioplasty Risk factors for ischemic heart disease eg. Age, raised blood cholesterol, smoking, hypertension, diabetes, positive family history	Acute chest pain Sever arrhythmias ST segment depression or other signs of ischemia

Equipment

- Must be F.D.A. approved.
- Exercise evaluation must be performed on a bicycle or on a treadmill.
- Ensure that the ECG machine is properly standardized. The ECG machine must be set at 1mv = 1 cm and the speed should be at 25 mm/sec.

Stress ECG protocols

The Bruce Protocol:

- Consider contra-indications for a stress/effort ECG.
- Take a preliminary resting 12-lead ECG (leads 1,2,3,aVR, aVL, aVF, and 6 V leads across the chest, VI - V6).
- The aim of the test is to increase the pulse rate by at least 50% of the resting rate. The maximum target heart rate is 220 beats per minute, minus the applicant's age in years.
- After the exercise has been completed, the applicant should lie down and each of the leads, I, II, III, AVR, AVL, AVF and V1-V6, should be repeated: Immediately, after 3 min, and after 6 min
- A lead should consist of 5 - 6 complexes.

Blood pressure

A consistent blood pressure above 140/90 mmHg poses an increased risk for hypertension associated diseases, such as myocardial infarctions or strokes. The World Health Organization (WHO) defines hypertension as having a blood pressure higher than 160/95 mmHg. The health risk at a given blood pressure is also increased by various risk factors, e.g. obesity, sedentary lifestyle, smoking, etc.

To facilitate management, hypertension can be divided into:

- ▶ Mild hypertension-where the initial blood pressure is in the range of 140-180 MmHg (systolic) and 90 - 110 mmHg (diastolic).
- ▶ Moderate to severe hypertension--where the initial systolic blood pressure is greater than 180 and the initial diastolic value is greater than 110 mmHg.

General notes

Measure and record blood pressure in both the lying and sitting position.

The medical personnel should also ensure that the right size cuff is used when taking somebody's blood pressure (normal adult - size 14 or 15 cm cuff and for an obese applicant or one with a large frame - size 20 cm cuff).

When evaluating an applicant with hypertension, the medical practitioner should also assess the applicant for:

Additional risk factors such as

- ▶ smoking
- ▶ a previous history of hypertension or other cardiovascular disease
- ▶ the use of alcohol
- ▶ hypercholesterolemia
- ▶ target organ involvement
- ▶ refer to specific guidelines for vision and renal abnormalities
- ▶ effect of hypertension treatment on the individual: Does it impair his/her ability to execute his/her job safely?

2.6.4 Examination of the respiratory system

General

It is important to detect respiratory conditions that may interfere with the normal gas exchange and that may contribute or result in incapacitation, for example:

- Emphysema
- Acute and chronic asthma
- Tuberculosis
- Chronic bronchitis
- Interstitial lung disease

Prolonged or chronic hypoxia may cause respiratory dysfunction, could produce drowsiness, dyspnoea, cyanosis or/and depressed mental activity. Consider symptoms and the severity of the condition when assessing the applicant.

During the examination of the respiratory system, pay specific attention to:

- Systemic symptoms that may indicate associated respiratory disease:
- Cyanosis (peripheral and central)
- Peripheral edema
- Clubbing of fingers
- Flapping tremor
- Cervical lymphadenopathy

- Respiratory features:

- ▶ Determine *trachea position* Respiratory movement (frequency, respiratory depth, maximum chest expansion, mode of breathing)
- ▶ Percussion
- ▶ Auscultation
 - * Breath sounds/ voice sounds
 - * Consider diminished vesicular breathing
 - * Bronchial breath sounds (normally found over the trachea/bronchus area)
 - * Added sounds such as: rhonchi, crepitations, pleural sounds

Lung function tests

Lung function tests as such do not serve as exclusion criteria, but assist in confirming a diagnosis and determining the degree of incapacitation. It can also be used to assess the success of treatment and whether there has been deterioration in the specific condition. Where the applicant is exposed to certain hazards (e.g. dust and fumes), the lung function test is included in the pre-employment examination or in the annual routine medical examinations.

- Indications for a lung function test:
 - ▶ Diagnosis of asthma.
 - ▶ Aiding in the diagnosis of other diseases, e.g. interstitial lung diseases (restrictive) and emphysema.
 - ▶ Assessment of severity of disease.
 - ▶ Serial testing to monitor progression of disease or response to therapy.
 - ▶ As a baseline when an applicant works in a hazardous environment (e.g. exposed to fumes and dust) and for annual routine follow-up medical examinations.
 - ▶ To monitor occupational hygiene safety practices; to determine whether safety measures are effective.
 - ▶ Normal values

There is no single standardized list with normal values for lung function tests, due to individual variations as a result of variables such as:

- ▶ Race
- ▶ Gender
- ▶ Age
- ▶ Height above sea level

Predicted values (normal values) are therefore calculated on a case-by-case basis with each spirometry test, determined by the spirometer, when variables are included. Lung function tests are conducted with a spirometer or a peak flow meter. The latter is much simpler and cheaper to use. It does however have limitations regarding the information that is provided to the general practitioner.



Spirometer:

The following measurements can be determined with a spirometer:

- ▶ Forced expiratory volume (FEV₁)
- ▶ Forced vital capacity (FVC)
- ▶ The ratio of these two volumes (FEV₁/FVC)

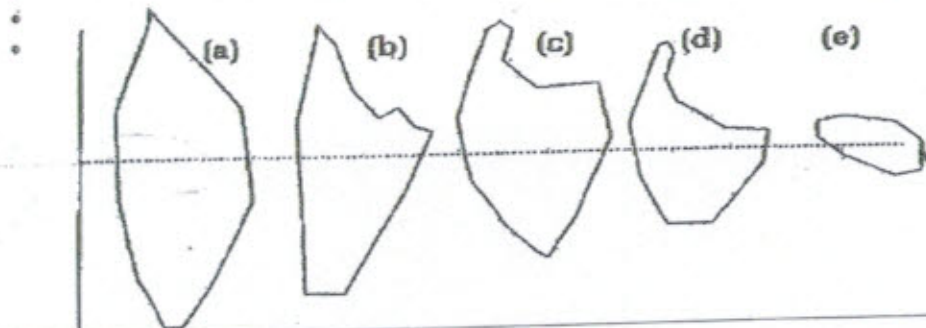
Peak flow

During force expiration, the peak expiratory flow (PEF) can be measured.

The basic measurements are the following:

- **Expiratory Forced Vital Capacity (FVC)**
The amount of air forcibly exhaled from a full inspiration to a full expiration.
- Forced Expired Volume in one second (FEV₁)
- Most spirometers plot a flow volume curve:
 - ▶ Vertical axis - flow
 - ▶ Horizontal axis - volume
- The relationship between FEV₁ and FVC is also important

Examples of normal and abnormal flow volume curves: normal early inflow limitation (e.g. young smoker) volume dependent airway obstruction (erg, asthma) pressure-dependent airway obstruction (e.g. emphysema) rigid extra-thoracic obstruction




Spirometer procedure:

- The technique should be carefully explained to the applicant.
- It is essential that the applicant performs at his/her best capacity.
- The applicant may sit or stand.
- Maximal inspiration before expiration.
- Expiration to commence abruptly without hesitation.
- Maximal effort to be exerted during expiration.
- Maximum expiration should continue until plateau appears and should normally last longer than 4 seconds (6 seconds if possible).

A series of three efforts must be recorded and the best value of the FVC and the FEV₁ to be recorded. (e.g. FVC) should not differ more than 5% to be valid)

Category of lung impairment: lung function abnormalities

Category of lung impairment: lung function abnormalities			
Measurement	Chronic airflow limitation with emphysema	Asthma	Restrictive disorders ¹
Forced expiratory volume in one second (FEV ₁)	Reduced	Reduced	Reduced
Forced vital capacity (FVC)	Reduced	Reduced	Reduced
FEV ₁ /FVC (expressed as a percentage)	Less than 75%	Less than 75%	More than 75%
Residual volume (RV).	Increased and often markedly increased	Increased	Reduced
Total lung capacity (TLC)	Increased and often markedly increased	Normal or increased	Reduced

Note 1: These disorders include pulmonary fibrosis, kyphoscoliosis, muscle weakness, pleural disease and obesity.

TB - A chest X-ray should be part of the pre-employment examination for an applicant who comes from a high risk group. If the chest X-ray is abnormal, the person would be referred to the appropriate local authority clinic.

2.6.5 Examination of the abdomen

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Inspection

Note wounds, scars (inquiry should be made about any scars if their cause is not already known), abnormal veins, pulsations and respiratory and other movements.

Palpation

- Light palpation - determine any indication of tenderness or rigidity. Inflammation of the peritoneum will produce rebound pain.
- Deep palpation - to assess organs and other masses. The features of a mass should also be noted with inspiration and expiration. Note location, tenderness, relation to other structure and how long a mass has been present
- Bimanual palpation - to assess organs such as the liver, kidneys and the spleen.
- Examination of the groin area in order to detect hernias.

Percussion

The main value of percussion is to decide whether distension is due to gas, liquid (ascites) or a cystic or solid tumor. Shifting dullness can be detected by changing the applicant's position.

Auscultation

- Normal peristaltic activity
- Increased peristaltic activity - e.g. in enteritis or mechanical obstruction.
- Decreased peristaltic activity - e.g. in paralytic ileus or in generalized peritonitis.

2.6.6 Examination of the genito-urinary system

Evaluate diseases and conditions causing discomfort, especially while driving and lifting heavy objects. Perform a "dipsticks" test and note appearance and results. Refer for laboratory testing if significant abnormality is detected.

2.6.7 Examination of the neurological system

When evaluating an applicant at the pre-employment consultation, the medical practitioner needs to identify serious neurological disorders that may limit the ability of the applicant to effectively execute/do his/her duties.

In many cases the indication of a neurological illness or abnormality will be found in the applicant's history.

Neurological conditions that need special consideration include:

- Epilepsy (epilepsy includes all events, major, minor and auras).
- Strokes
- Transient Ischemic Attacks (TIAs)
- Syncope

- Conditions resulting in cognitive impairment, e.g. dementia
- Neuromuscular disorders, e.g. Parkinson's disease and multiple sclerosis.

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Elements of the general neurological assessment:

- Evaluation of gait
- Balance evaluation (Romberg's test, heel-toe walking)
- Speech evaluation
- Involuntary movements, e.g. tremors
- Examination of the cranial nerves
- Motor system (tone, range of movement, power, deep tendon and superficial reflexes)
- Coordination - Cerebellar function (finger-nose test, rapid alternating movements and heel-toe gait test)
- Sensory system (touch, pain, deep pain, temperature, vibration and two point discrimination)
- Test pupillary reflexes for light and accommodation
- Cognitive assessment



Romberg's test

Ask the applicant to stand with feet together and eyes open (initially). Then ask applicant to close his/her eyes.

Normal result: The applicant should be able to maintain balance for approximately 30 seconds.

Abnormal result: Where there is a proprioception or vestibular deficit, the applicant will fall only when he/she closes his/her eyes, or where there is a cerebellar lesion, the applicant will not be able to stand with feet together, even if his/her eyes are open.



Cognitive function

Cognitive function includes concentration, orientation and memory. When assessing an applicant there should be no features present which are liable to cause the applicant to be a source of danger e.g. visual inattention, distractibility and any difficulty performing multiple tasks.

Impairment of concentration can be assessed by the following methods:

- Ask the applicant to subtract 7 from 100 serially. Note how far they get and how many mistakes they make in 60 seconds; or
- ask the applicant to list the days of the week in alphabetical order; or
- ask the applicant to read a paragraph and determine how much he/she actually took in.



Orientation:

- Three components of orientation (place, time and person) should be assessed.
- Ask the applicant a few basic questions about the day, month, year, time of day and his/her surroundings.

Memory:

Assess by giving the applicant a name and address to remember and after discussing something else, ask the applicant to repeat the information. You could also determine whether the applicant remembers any incidents from his/her past (immediate and distant past).

Examination of the cranial nerves

- Olfactory (first cranial nerve) - to test loss of smell,
- Optic nerve (second) - visual acuity, visual fields and ophthalmoscopy evaluation,
- Oculomotor, trochlear and abducens (third, fourth and sixth cranial nerves)
 - The sixth cranial nerve supplies the lateral rectus muscle which moves the eye laterally.
 - The fourth cranial nerve supplies the superior oblique muscle which is a pure depressor, when the eye is abducted,
 - All the other movements, the upper lid and the constriction of the pupil are controlled by the third nerve,
- Trigeminal (fifth cranial) nerve,
 - Sensory function three divisions supplying the cheek, forehead and the jaw areas,
 - Motor function - supply the muscles of mastication - palpate the masseter muscles and compare both sides, Reflexes - test corneal reflex and the jaw jerk
- Facial (seventh cranial) nerve,
 - Look for signs of paralysis of the facial muscles (wrinkling of forehead, drooping corner of mouth and flattening of nasolabial fold).
 - Ask applicants to close their eyes, show their teeth or blow out their cheeks.
 - Sensory function: taste sensations of the anterior two-thirds of the tongue,
- Vestibulotrochlear (eighth cranial) nerve.
 - This nerve has two distinct components; vestibular and auditory.
 - Hearing can be tested with the whisper test.
 - Vestibular function is more difficult to-assess at the bedside-has been discussed,
- Glossopharyngeal nerve (ninth cranial) nerve,
 - Functions are intermingled with those of the tenth nerve,
 - Sensory part of the posterior third of the tongue and pharynx.
 - Gag reflex.
- Vagus (tenth cranial) nerve. Movement of the palate.
- Spinal accessories (eleventh cranial) nerve - examine bulk and power of sternomastoid and trapezius muscles.
- Hypoglossal (twelfth cranial) nerve - inspect tongue for wasting and fasciculation,

2.6.8 Examination of the musculo-skeletal system

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Examine the upper and lower extremities. Note any loss or impairments, especially those that will influence the grip on a steering wheel, the operation of the pedals and any function expected from an applicant in executing his/her duties,

Note limitations in movement, deformities of the spine and associated pain. If findings dictate, radiological examinations should be requested to diagnose suspected defects. Special attention should be paid when evaluating specific joints, e.g. knees, ankles, hips, elbows and shoulders.

2.7 Specific medical conditions

2.7.1 Diabetes Mellitus

Diagnostic criteria

	Normal values	Impaired (ICT)	Diabetes
Fasting glucose - Plasma - whole or capillary blood	< 7.1 < 6.1	6- 7.1 5.5 - 6.1	> 7.1 > 6.1
Glucose tolerance test (2 h post 75 g load) - Plasma - Whole or capillary blood	< 8 < 7	8-11 7-10	> 11.1 > 10
Random glucose			" 11.1

The following constitute high risk in a diabetic applicant:

- The inability to recognize symptoms of hypoglycemia;
- frequent hypoglycemic attacks;
- poor diabetic control;
- insulin dependent diabetes mellitus; and
- Diabetic complications affecting eyesight, kidneys and diabetic neuropathy, which may cause sensory deficits and more uncommonly, motor function loss in the legs and feet.



Hypoglycemia

This condition is very relevant to an applicant's performance, especially the effect on the brain when blood glucose levels drop under 2.8 - 3 mmol/l. It could impair coordination of thought and actions and result in loss of consciousness and convulsions. Hypoglycemia is more often seen in insulin dependent applicants and those treated with sulphonyl urea drugs.

2.7.2 HIV/AIDS

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Under South African Law, HIV testing may only take place with pre-and post-test counselling. HIV testing should only be done if the test is requested by the applicant. The testing of an applicant to determine the HIV status, linked to the requirements inherent to police work, is prohibited, unless such testing is determined justifiable by the Labour Court. The patient must give informed consent for the blood test.

2.8 Laboratory tests

Laboratory tests should be requested only for confirmation of various conditions such as diabetes mellitus.

2.9 Urine analysis

A urine analysis using the "dipstix" method should be done routinely and acted upon as required.

2.10 Approach to interpreting chest X-rays

- Check applicant's name and date of X-ray.
- Evaluate lung volumes.
- Evaluate each anatomical structure:
 - ▶ Trachea
 - ▶ Pleura
 - ▶ Bony structures (vertebrae and ribs)
 - ▶ Lymph nodes
 - ▶ Lung tissue, alveolar, interstitial
- Heart and blood vessels
- Diaphragm

Normal lung topography

- Distance between airspace in stomach and lung tissue - never less than 5 mm. If the distance is less, it indicates sub-diaphragm free air as is seen with intestinal rupture or due to peritoneal dialysis.
- Normal retrosternal airspace (distance between sternum and aorta less than 3.5mm).
- Curve of diaphragm normally 15 mm above the horizontal line.
- Arteries are normally visible in peripheral lung fields and the diameter in, intercostal space will be maximally 2mm (3mm in 3rd intercostal space)-' if increased consider pulmonary hypertension.
- Veins are normally not visible on X-rays.
- Normal position of hilus
 - right side ---- 4th intercostal space.
 - left side ---- 3rd intercostal space
- Six ribs are normally visible anteriorly and 11 posteriorly.

Cardiac silhouette abnormalities

- ▶ Left ventricular enlargement cardio-thoracic ratio (CTR) larger than 50%

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- ▶ Left arterial enlargement
 - ▶ Mitralization of left heart border
 - ▶ Double shadows
 - ▶ Angle between left and right main bronchi larger than 75°
 - Right ventricular enlargement (can only be seen on the lateral chest X-ray)
 - ▶ Retrosternal airspace obliterated
 - Right arterial enlargement - Right heart border extends more than 4.5 mm lateral to the midline.

Section 3: Medical standards and rejection criteria



The functions expected for active policing can be described as complicated psychomotor performance that depends on the fine coordination between the sensory and motor system. It is influenced by factors such as arousal, perception, learning, memory, attention, concentration, emotion, reflex speed, time estimation, auditory and visual functions, decision taking and personality.

Complex feedback systems interact to produce the appropriate coordinated behavioral response.

Therefore, any suspicion of a condition that could interfere with any of the abovementioned requirements should be further investigated by the Practitioner.

3.1 Neurological and neurosurgical disorders

3.1.1 The potential effects of disorders of the neurological system on new applicants.

A sudden loss of consciousness of the applicant has serious implications for his/her safety and public safety. Epileptic attacks are also the most frequent medical cause of collapse at the wheel. Several factors may increase the risk of fitting of even the most controlled **epilepsy**.

An applicant who has already suffered a **stroke** is at an increased risk of a second episode, resulting in unconsciousness and/or sensory or motor failure. **Transient ischemic attacks** may similarly render the applicant unconscious.

Applicants suffering from **narcolepsy** can use various measures such as keeping the windows open and maintaining a cold internal temperature in the police vehicle when working shifts. However, a sleep attack may arise without warning, resulting in loss of control of the vehicle. Sufferers of narcolepsy may also experience vivid hallucinations.

Applicant advisory

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Applicants must be made aware of the need for adequate sleep and be supplied with a list of medications that may not be used in conjunction with their current medication. Applicants must also be made aware of the risks involved, should they not heed the advice supplied by the health professional.

Epilepsy guideline

Epilepsy includes all events, major, minor and auras. Epileptic attacks are the most frequent medical cause of collapse at the wheel. For the purpose of applying the epilepsy guide, all attacks that occur within a 24-hour period are treated as a single event.

In general, the following guidelines apply:

During the period of 10 years immediately preceding the date of application, the applicant should be:

- free from any epileptic attack; **AND**
- have not required medication to treat epilepsy; **AND**
- should not otherwise be a source of danger whilst driving or executing his/her duties.

In addition, the liability to seizures arising from a cause other than epilepsy is a prescribed disability.

Provoked seizures

Proved or symptomatic seizures, apart from those caused or precipitated by alcohol or illicit drug misuse, can be dealt with on an individual basis, if there is not a previous seizure history.

Such cases might include:

- Reflex anoxic seizures;
- seizures with medication e.g. tricyclic antidepressants;
- immediate seizure at time of acute head injury or neurosurgical operation;
- seizure at onset of acute stroke or TIA; and
- seizures during acute exacerbation of neurological disorders e.g. with MS.

Seizures that occur immediately (within seconds) after a head injury, are treated as provoked. Seizures that occur within the first 24 hours after head injury (other than immediate seizures) requires a new applicant to be free of seizures for at least 6 months prior to application.

The rejection criteria for neurological and neurosurgical disorders have been divided into the following groups:

- Rejection criteria for neurological disorders
- Rejection criteria for tumours

- Rejection criteria for haematomas and haemorrhaging
- Rejection criteria for neurosurgical procedures

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Rejection criteria in relation to the job requirements as quoted in the Z SAPS documents "Job related physical battery guideline document for entry level applicants" and "Physical standards and recruitment in the SAPS"

Neurological disorders

Neurological disorders	
Epilepsy Includes all events, major, minor and auras.	Following a first unprovoked seizure or seizure associated with substance misuse, a 10-year period free of further seizures without anticonvulsant medication in that time, is required in the absence of any other disqualifying conditions.
First epileptic seizure/ solitary fit Also see: 1. Fits associated with misuse of alcohol or misuse of drugs whether prescribed or illicit. 2. Neurosurgical conditions.	Following a first unprovoked seizure or seizure associated with substance misuse, a 10-year period free of further seizures without anticonvulsant medication in that time is required. Special consideration may be given when the epileptic attack is associated with certain clearly identified non-recurring provoking cause.
Narcolepsy/cataplexy	Generally considered permanently unfit, but if a period of control of at least 5 years prior to application, recruitment may be considered on an individual basis.
Chronic neurological disorders E.g. Parkinson's disease; Multiple Sclerosis (MS), muscle and movement disorders, including motor neuron disease, are likely to also affect vehicle control because of impairment of coordination and muscle power.	Recommended refusal
Liability to sudden attacks of disabling giddiness and fainting E.g. Meniere's disease. Labyrinthine or other brain stem disorders.	Recommended refusal if condition is disabling. If condition is stable, s/he must be symptom-free and completely controlled for at least 1 year before re-application.
Cerebrovascular	Recommended refusal

disease Including stroke due to occlusive vascular disease, spontaneous intra-cerebral haemorrhage	
TIA and amaurosis fugax	Recommended refusal
Acute encephalitic illnesses and meningitis	<ul style="list-style-type: none"> • If no seizure(s) occur, may be considered when clinical recovery is complete. • If associated with seizures, during acute febrile illness, recommended consideration at least 6 months from the date of seizure(s) • If associated with seizure(s) during or after convalescence, will be evaluated on an individual basis according to Epilepsy Guidelines.
Transient global amnesia	A single confirmed episode does not bar the applicant. If two or more episodes occur, recruitment should not be considered. Specialist assessment is required to exclude all other cases of altered awareness.
Intra-cerebral abscess	Recommend refusal or revocation. Very high prospective risk of epilepsy.
Sub-dural empyema	Recommend refusal. Very high prospective risk of epilepsy.
Hydrocephalus	Recommend refusal

Tumors

Neurological disorders	
Benign supratentorial tumor e.g. meningioma, etc. <ul style="list-style-type: none"> • Treatment by craniotomy • Untreated/ incidental finding. 	Recommended refusal. Specialist assessment may be required/ requested. Specialist individual assessment required.
Benign infra-tentorial tumour (posterior fossa) e.g. acoustic neuroma, meningioma etc. <ul style="list-style-type: none"> • Treatment by craniotomy 	If there are no residual disabling symptoms and subject to ongoing medical review, recruitment may be considered.

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Pituitary tumour • Treatment by craniot • Treatment by transphenoidal surgery OR Other treatment e.g. radiotherapy or untreated	Provided no visual field defect and provided no residual disabling symptoms, recruitment may be considered. Following recovery, recruitment may be considered if no visual field defects or residual disabling symptoms are present.
Gliomas Grades 1, 2, 3 and 4	Recommend permanent refusal
Other malignant intracranial tumors and cerebral secondary deposits Malignant intra-cranial tumors as children who survive to adult life without recurrence	Recommend permanent refusal Individual assessment: See above as for "benign intracranial Tumor".

Hematomas and hemorrhaging

Neurosurgical disorders	
Serious head injury Acute intra-cerebral hematoma requiring surgery or compound depressed fracture or Dural tear with more than 24 hours posttraumatic amnesia.	Recommend refusal
Intra-cranial hematoma <i>extradural</i> .- requiring Craniotomy but no cerebral damage. <i>Extradural</i> requiring craniotomy and with cerebral damage.	If symptomless for 1 year, consider for recruitment. Recommend refusal
Acute sub dural haematoma Treatment by: - burr holes - craniotomy	Recommend refusal

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Chronic sub-dural hematoma	Successful application depending on recovery and specialist evaluations.
Acute intra-cerebral hematoma treatment by: - burr holes - craniotomy	Recommend refusal
Sub-arachnoid hemorrhage (also see intra-cranial hematoma)	Recommended refusal
No cause found	Provided cerebral angiography is normal and dependent on specialist report, acceptance may be considered.
Due to anterior or posterior intra-cerebral aneurysm treatment by: - craniotomy, with no deficit - craniotomy, with deficit	Permitted when clinically recovered from craniotomy and specialist assessment is done to determine when epilepsy risk is less than 2%.
Due to middle cerebral aneurysm treatment by: craniotomy, with deficit other treatment e.g. embolisation and allot hernon-craniotomy procedures including gdc coils no treatment i.e. aneurysm present but no intervention	Recommended refusal Recommended refusal
Incidental finding of intra-cranial aneurysm (no history of suba rachnoid hemorrhage)	Recommended refusal

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intra-cranial arteriovenous malformation <i>(angioma / avm that may have bled)</i>	Recommended refusal
Treatment by: • Craniotomy • Other treatment e.g. embolisation or stereotactic radiotherapy • No treatment (i.e. angioma present but no intervention) • Incidental finding of intra-cranial avm/angioma (no history of sub-arachnoid haemorrhage)	Recommended refusal

Neurosurgical procedures

Neurosurgical procedures	
Intra-ventricular shunt Insertion of, or revision of upper end of v.p. shunt	Recommend refusal due to prospective risk from the underlying condition.
Intra-cranial pressure monitoring device Inserted by burr hole surgery	Recommend refusal
Neuro-endoscopic procedures	Recommend refusal

3.2 Cardiovascular disorders

3.2.1 The effects of disorders of the cardiovascular system on a new applicant

Active police work causes emotional and sensorimotor stimulation, resulting in an increased heart rate and fluctuations in blood pressure. This could cause problems for applicants with established ischemic heart disease or those prone to develop ischemic heart disease.

Hypertension alone is unlikely to cause sudden collapse. The risk does however increase:

- 3.8.2 when target organ damage, particularly cerebral vascular disease, is present;
- 3.8.2 in uncontrolled hypertension; and
- when treatment results in marked postural hypotension and/or impaired alertness.
-

3.8.1 Patient advisory

If drug treatment for any cardiovascular condition is required, any adverse effect which may affect active police work or performance will provide grounds for disqualification.

Applicants with identified cardiovascular disorders should have some form of medical identification, such as Medi-Alert

Exercise testing and angiography provide valuable but different information regarding cardiovascular status. Exercise testing provides **physiological information**, while angiography provides **anatomical information**. Both assist in assessing the risk of a cardiovascular event.

3.2.3 Exercise testing

Exercise testing should be done if:

- 3.8.2 There is a suspicion of an ischemic cause of chest pain;
- 3.8.2 There are other risk factors in the history that necessitate the exclusion of ischemic heart disease.

Exercise evaluation shall be performed on a bicycle or treadmill. Applicants should be able to complete three stages of the Bruce protocol or equivalent safely, without anti-anginal medication for 48 hours. The applicant should remain free of signs of cardiovascular dysfunction, viz. angina pectoris, syncope, hypotension, sustained ventricular tachycardia, and/or electrocardiographic ST segment shift, which accredited medical opinion interprets as being indicative of myocardial ischemia (usually >2mm horizontal or down-sloping). In the presence of established coronary heart disease, exercise evaluation shall be required at regular intervals not exceeding one year.

3.8.1 Rejection criteria for cardiovascular disorders in new applicants

Cardiovascular disorders	
Angina Stable / Unstable	Recommend refusal
Angioplasty	Recommend refusal
Myocardial infarction- coronary artery bypass graft (CABG)	Recommend refusal

Arrhythmia Sino-arterial disease. Significant atrioventricular conduction defect Arterial flutter/ fibrillation. Narrow or broad complex tachycardia Also see Pacemaker and ICD Section. Transient arrhythmias occurring only during the acute phase of a myocardial infarction or CABG	Recommend refusal
Pacemaker implant	Recommend refusal
Successful catheter ablation	Recommend refusal
Arterial defibrillator physician/patient activated	Recommend refusal
I.C.D Implant	Recommend refusal
Peripheral vascular disease Including successful repair of abdominal aortic aneurysm	Recommend refusal
Hypertrophic cardiomyopathy (H.C.M.) (Also see Pacemaker, arrhythmia and ICD sections.)	Recommend refusal
Dilated cardiomyopathy (Also see Pacemaker, arrhythmia and ICD sections)	Recommend refusal
Arrhythmogenic right ventricular dysplasia (AR.VD)	Recommend refusal
Congenital heart disease	Recommend refusal
Heart failure	Recommend refusal
Heart and/or lung transplant	Recommend refusal
Syncope (See neurological section regarding unexplained loss of consciousness)	Recommend refusal
ECG abnormality <ul style="list-style-type: none"> • Suspected myocardial infarction. • Left Bundle Branch Block • Pre-excitation 	Recommend refusal

Hypertension >(140/90)	Recruitment may be permitted when - controlled and treatment does not cause side effects that may interfere with job requirements.
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.6 Endocrine disorders

3.8.1 The effects of endocrinological disorders on active police work

Diabetes Mellitus may influence the applicant's ability to fulfil his/her-job requirements due to end organ effects on vision or vasculature (especially circulation to the feet). Furthermore, a hypoglycaemic episode may result in sudden loss of consciousness and the effects of diabetic ketoacidosis will have a negative impact on active police work.

3.8.1 Patient advisory if diagnosed after recruitment

Patients must be taught to recognize the warning signs of hypoglycaemia, such as:

- Pallor
- Sweating
- Forceful heartbeat
- Tremulousness
- Apprehensiveness
- Double vision
- Confusion of thought
- inappropriate behavior
- errors of judgement

When the first signs of hypoglycemia present, the applicant must take prompt and appropriate action. Applicants must ensure that they always have carbohydrate snacks with them.

Self-measurement must be done at risk-times, such as in the late morning and late afternoon.

Applicants should wear a form of medical identification, such as Medi-Alert

3.8.1 Rejection criteria for endocrine disorders

Diabetes Mellitus	
Insulin treated	New applicants on insulin are disqualified.

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Managed by diet and tablets or diet alone	Applications can be successful, subject to ongoing regular medical review, unless they have relevant disabilities, e.g. diabetic eye problems affecting visual acuity or visual fields, in which case recommend refusal.
Diabetic complications Loss of awareness of hypoglycemia.	Refusal
Frequent hypoglycemic episodes or poor diabetic control.	Refusal
Eyesight complications (affecting visual acuity or fields).	Refusal
Renal disorders.	Refusal
Limb disability.	Refusal
Gestational diabetes	Refusal

7 Psychiatric disorders and cognitive impairment

3.8.1 The effects of psychiatric disorders and cognitive impairment on police work

A wide range of **psychiatric conditions** exists which vary in their degree of disability and transience. The use of psychotropic medication may also influence the ability to drive and perform active police work. An increase in stressful events and alcohol use greatly contributes to this.

All psychiatric conditions which are relapsing, recurrent or progressive and which may make the applicant a source of danger requires medical investigation.

Learning disabilities are defined as a state of arrested or incomplete development of the mind, which includes severe impairment of intelligence and social functioning.

3.8.1 Applicant advisory

Furthermore, patients must be made aware of the somnolent effect of medication.

Applicants must be advised of the dangers and side effects of psychotropic medication.

3.8.1 Medication

Regarding medication:

When prescribing medication, care must be taken to prescribe treatment that impairs the required job skills as little as possible. Factors that must be kept in mind, are that the applicants will be required to drive and that:

- a) Driving while unfit due to drug use (prescribed or illicit) is an offence and may lead to prosecution.
- b) All CNS-active drugs can impair alertness, concentration and driving performance. This is particularly apparent within the first month of starting or increasing the dose. It is important to cease driving during this time if adversely affected.
- c) Benzodiazepines are most dangerous and are over represented in drivers involved in road traffic accidents.
- d) Drugs with anti-cholinergic side effects should be avoided in drivers. These include tricyclic anti-depressants and phenothiazines. Antihistamine effects of some anti-depressants may cause drowsiness and care must be taken.
- e) SSRIs, MAOIs and noradrenalin re-uptake inhibitors have fewer side effects and are safer. However, some applicants have idiosyncratic responses and should be advised accordingly.
- f) Long-acting depot neuroleptics and the newer psychotic drugs can impair driving, but sedation usually diminishes after approximately 3 months. Parkinsonian side effects can be dangerous. Drivers on these drugs should be carefully clinically assessed. A formal driving assessment may be required.
- g) The interaction of all CNS-active drugs with alcohol will increase impairment and affect

34.4 Rejection criteria for psychiatric disorders

Psychiatric disorders	
Anxiety or depression Uncomplicated by significant memory or concentration problems, agitation, behavioral disturbance or suicidal thoughts.	May require further psychiatric evaluation before applicant will be accepted.
More severe anxiety states or depressive illnesses Complicated by significant memory or concentration problems, agitation, behavioral disturbance or Suicidal thoughts.	Refusal Refusal

Acute psychotic episodes of any type or cause	Refusal
Chronic schizophrenia	Refusal
Dementia of any organic brain syndrome	Refusal
Learning disability	Recommend refusal
Persistent behaviour disorder Including post-head injury syndrome and psychopathic disorders.	Recommend refusal

Impairment of cognitive function

(E.g. post-stroke, post-head injury, early dementia)

There is no single or simple marker for assessment of impaired cognitive function, although the ability to satisfactorily manage day-to-day living is a possible yardstick of cognitive competence. When recovery is clinically complete, a controlled assessment is an invaluable method of ensuring that there are no features present, which are liable to cause the applicant to be a source of danger. Examples of these features are:

- Visual inattention;
- Distractibility; and
- Difficulty performing multiple tasks.

In addition, it is important that reaction time, memory, concentration and confidence are adequate and do not show impairment.

3.5 Drug and alcohol misuse and dependency

3.5.1 The effects of drug and alcohol misuse and dependency

Due to various effects of drug use on individuals, applicants will not be considered acceptable if there is any suspicion of drug and alcohol misuse and dependency, as this could alter vision, perception and attention span (judgment and motor function).

The use of alcohol beyond the acceptable blood alcohol concentration leads to impairment of the functions essential to the performance of complex tasks, especially in terms of judgement and reaction time. In the long term, chronic excessive intake leads to manifestations of organic brain damage.

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Classes of medication with the potential of affecting driving skills, as well as the skills required to perform as a police officer:

Analgesics

- Codein
- Narcotics
- Propoxyphene

Anti-allergy medication

- Antihistamines

Anti-motion sickness medication

- Antihistamines

Antihypertensive

- Clonidine
- Μετηψλδσπα
- Reserpine

Antipsychotic and antidepressant medication

- Cyclic
- antidepressants
- Haloperidol
- Phenothiazines
- Marijuana

Sedative, hypnotic or anti-anxiety medication

▶ **Barbiturates**

▶ **Benzodiazepines**

Skeletal muscle relaxants

- Dantrolene
- Methocarbamol

Ophthalmic agents

- a) Most preparations used for treating glaucoma

Antibiotics

- b) Minocycline

Other

- c) Alcohol
d) Amphetamines (chronic use)
e) Cocaine (chronic use)



3.6.1 The effects of vision and eye disorders on new applicants

Adequate visual acuity is necessary for any police officer in order to drive safely. 95% of information required for driving is visual and the life of the police officer and the public depend on this.

Applicants with substantial **visual field loss** are more susceptible to temporary blindness due to dust and perceive less potential hazards outside the reduced field of vision. Research has shown that drivers with significant field defects had double the average accident rate.

Color vision defects can largely be overcome during the day when the movement of pedestrians and the different intensities of the traffic lights can serve as visual clues. However, poor weather conditions and night driving considerably increase risk.

Double vision, whether due to migraines or transient ischemic attacks, etc. causes confusion and uncertainty while driving and represents a considerable risk. Advanced cataracts may result in reduced visual acuity and even moderate cataracts may cause increased glare from oncoming lights.

Untreated **glaucoma** can lead to the progressive loss of the visual fields.

Any diseases that affect **night vision** and adaptation to the dark (such as retinitis pigmentosa, glaucoma, and choroido,retinitis) present obvious difficulty for the police officer to drive at night and to fulfil his/her duties as required.

3.6.2 Patient advisory

Applicants with color vision defects cannot drive at night or in poor weather conditions and should therefore not be accepted.

Applicants with glaucoma must be aware that the use of miotic drops can result in reduced night vision and should therefore not be accepted.

Applicants should not use tinted spectacles or tinted contact lenses, as visibility and contrast sensitivity are reduced.

Applicants, who wear spectacles or contact lenses, must use them when driving and should keep a spare set with them.

Thick frames and frames with side-pieces should be avoided.

Defective vision disqualifying person from obtaining or holding a license and therefore to successfully apply for a position in the South African Police Service

Regulation 102. A person shall be disqualified from obtaining or holding a learner's or driving license unless;

In the case of an application for a driving license which is required by all applicants:

According to the Snellen Rating a minimum visual acuity, with or without refractive correction, of 6/12 (20/40) for each eye, or where visual acuity of one eye is less than 6/12 (20/40), or where one eye of the person concerned is blind, a minimum visual acuity for the other eye of 6/9 (20/30); and

A minimum visual field of 70 degrees temporal, with or without refractive correction, in respect of each eye, or where the minimum visual field in respect of one eye is less than 70 degrees temporal, or where one eye is blind, a minimum total visual field in respect of one eye is less than 70n degrees temporal, or where one eye is blind, a total horizontal visual field of at least 115 degrees with or without refractive correction.

3.6.3 Rejection criteria for applicants with visual disorders

Visual disorders	
Visual acuity Severe bilateral cataract/failed bilateral cataract extraction.	See vision guidelines Recommend refusal
Monocular vision	Recommend refusal
Visual field defect E.g. homonymous hemianopia and homonymous Quadrantanopia, glaucoma, severe Bilateral retinopathy, pigmentosa, complete bi-temporal hemianopia and other serious bilateral eye disorders.	Recommend refusal as visual field requirements. Cannot be met with monocular vision. Normal binocular field of vision is required.
Diplopia	Recommend permanent refusal
Night blindness	If unable to satisfy visual acuity and visual field requirements at all times, then recommend refusal.
Colour blindness	Recommend refusal. Grade III recommend refusal.
Blepharospasm	Recommend refusal

3.7 Renal disorder

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3.7.1 Rejection criteria for renal disorders

Renal disorders	
Chronic renal failure Treatment with: Continuous Ambulatory Peritoneal Dialysis(CAPD)	Recommend refusal
Haemodialysis	Recommend refusal
Renal transplant	Recommend refusal
All other renal disorders	Refusal, if associated with significant symptoms or a relevant disability.

3.8 Respiratory disorders

3.8.1 The effects of respiratory disorders on new applicants

Inadequate oxygen and/or increased carbon dioxide lead to poor judgement, drowsiness, giddiness, weakness, reduced concentration and agitation. Therefore severe respiratory disorders can influence the applicant's ability to function optimally.

3.8.2 Patient advisory

Applicants must be advised to ensure that they take the required medication (especially pumps) with them in case of an asthma attack.

3.8.3 Some form of medical identification should be worn

Rejection criteria for respiratory disorders

Respiratory disorders	
Sleep disorders (That cause excessive awake time sleepiness.)	Recommend refusal
Cough syncope	Recommend refusal
Asthma	Mild cases acceptable, unless an attack is associated with disabling giddiness, fainting or loss of consciousness.
Chronic obstructive airway disease	Unacceptable when associated with disabling giddiness, fainting or loss of consciousness.

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Carcinoma of lung and other malignant tumours with a high likelihood of developing cerebral metastasis	Recommend refusal
TB	Acceptable in cases of mild TB without physical impairment and if on ambulatory treatment.

3.9 Auditory disorders

3.9.1 The effects of auditory disorders on driving and active police work

Mild to moderate hearing loss can contribute significantly to increased risk for recruits.

A reasonable level of hearing is necessary and could save an applicant's life in a life threatening situation.

3.9.2 Rejection criteria for auditory disorders

Auditory disorders	
Profound deafness	Recommend refusal

3.10 The applicant with AID syndrome

3.10.1 The effects of AIDS on the new applicant

The development of neurological complications has severe implications for applicants. Disturbances of behavior control of movement and memory may present without warning. The most extreme case is that of AIDS dementia complex.

Certain anti-retroviral medication can have central nervous system effects and should not be prescribed.

3.10.2 Rejection criteria for applicants with AIDS

The AIDS syndrome	
Individual assessment	<p>In applicants with AIDS, each individual will be assessed taking the following factors into consideration during the fitness evaluation.</p> <ul style="list-style-type: none"> • Opportunistic infections which are untreatable or irreversible and affect the police officer's ability to fulfil the training and tasks expected. • HIV-related conditions which impact on the ability of the police officer and which are untreatable or irreversible. • Neurological complications. • Weakness due to kageksia and low BMI. • Applicants that cannot be treated due to drug resistance, treatment refusal, repeated non-compliance, etc.

3.11 The disabled applicant

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3.11.1 The effects of loco-motor disabilities on active Police work

In general, loco-motor disabilities can be accommodated by the use of special adaptive equipment such as automatic transmission, joysticks, infrared controls, etc. This equipment, however, is not available in training colleges. Some disabilities may be accommodated in special circumstances with mild, moderate and non-progressive disabilities. Modification may be required.

Physical disabilities include:

- 3.11.1.1 Limb disabilities
- 3.11.1.2 For example: Amputation, limb deformity, cerebral palsy and severe arthritis. Spinal disabilities
- 3.11.1.3 For example: Paraparesis, tetraparesis, spondylosis and spondylitis. Neurological disorders
- 3.11.1.4 For example: Multiple Sclerosis, Parkinson's disease, and Motor Neuron Disease.

All disabled applicants need to be evaluated on an individual basis.

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MEDICAL CERTIFICATE OF FITNESS FOR PRE-EMPLOYMENT						
Authorization Number:						
To	SAPS	Date				
Applicant Name		Company	SAPS			
Applicant Surname		ID Number				
FITNESS FOR DUTY RECOMMENDATION (According to the available information the applicant is)						
Fitness Category	✓	Comment / Recommendation				
Fit to Employ						
Unfit to Employ						
TESTS PERFORMED DURING MEDICAL SURVEILLANCE						
Height: cm	Chest Inspiration cm	Waist Circumference cm	Blood Glucose mmol/l	Blood Pressure Sitting:	Chronic Diseases Yes / No	
Weight: kg	Chest Expiration cm			Lying:		
BMI:						
% Body Fat:						
Far Vision	Near Vision	Colour Vision	Night Vision	Visual Fields		
L:	L:	Normal:				
R:	R:	Abnormal:				
Audiometry Test	Spirometry Test	ECG	X-Rays	Framingham Risk Score	Harvard Step Test if applicable	
PLH Value:						
Normal	Normal					
Abnormal	Abnormal					
Urine Dipstick	Pregnancy Test	Substance Abuse (Urine)		Identifying Body Marks (Tattoos)		
Ph	♀ Neg / Pos	Rapid Test: Negative / Non-Negative				
Blood	♂ N/A	Confirmatory Test: Negative / Positive				
Other						
Fatigue Screening	Total Wellbeing	TB Questionnaire	Epworth Sleepiness	K10 Anxiety/Depression	Musculo-Skeletal Questionnaire	
Normal / Abnormal	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal	
REFERRAL (Applicant was referred for further investigations to)						
Own Healthcare Provider		Social Worker / EAP / Psychologist				
Optometrist / Ophthalmologist		Dietitian				
Audiologist		Other				
NOTES						
I herewith give permission that the above information may be forwarded to SAPS Procurement Management.						
Signature of Applicant	Name of Examiner (OHNP/OMP)		Occupational Medicine Practitioner			
	Signature of Examiner (OHNP/OMP)		Signature OMP		Stamp of Practice Details	

SOUTH AFRICAN POLICE SERVICE



MEDICAL EVALUATION REQUEST FORM PRE-EMPLOYMENT

MEDICAL EVALUATION REQUEST FORM

Explanation for applicants and the South African Police Service Recruitment Offices

PROCEDURE

1. This request form should be completed by the South African Police Service Recruitment Office, prior to the scheduled appointment with the medical examiner. The form should be sent with the applicant to the medical examiner. (Part 1)

STEPS TO BE TAKEN

1. The applicable South African Police Service Recruitment Office details should be completed properly in order to report all abnormal findings and future communications. (Part 2)

Explanation for medical examiner

PROCEDURE

1. The applicant will present the medical examiner with the **Medical Evaluation Request Form** to indicate the purpose and authorisation of the medical evaluation.
2. The South African Police Service Recruitment Office must complete Part 1 and 2 of the **Medical Evaluation Request Form**.
3. The **Medical Evaluation Request Form** should be filed and will serve as proof that the appointment was made by the South African Police Service for the indicated applicant.
4. A copy of the **Medical Evaluation Request Form** must be attached to all invoices and claims for payment.

STEPS TO BE TAKEN

1. The **Medical Evaluation Request Form** will contain information, which will assist the medical examiner in the examination.
2. Please ensure that the South African Police Service Recruitment Officer's details (Part 2) are clear and complete, as this will assist in future communication
3. A copy of this form must be attached to the invoice to claim payment.

MEDICAL EVALUATION DOCUMENT

PART 1: MEDICAL HISTORY: M.1.3

* INDICATES QUESTIONS WHICH ARE OPTIONAL

FAMILY HISTORY OF:	YES	NO	HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO
1. Heart disease or high blood pressure					
2. Epilepsy or convulsions			29. Kidney stones or blood in the urine (including Bilharzia)		
3. Glaucoma or blindness			30. Sugar or protein in the urine		
4. Diabetes Mellitus (sugar sickness)			31. Prostate/Gynaecological problems		
5. Family deaths before 60 years of age			32. Any blood or thyroid disorder		
HAVE YOU EVER BEEN:	YES	NO	33. Malignant tumours cancer or radiotherapy		
6. Refused life insurance			34. Weight loss (without dieting)		
7. Refused a driving licence			35. Sexually transmitted disease*		
8. Admitted to hospital (for any reason)			36. Other illnesses or injuries		
9. A smoker			37. Allergies: Penicillin etc.		
HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO	38. Back problems, joint or bone disease		
10. Frequent or severe headaches			39. Varicose veins, piles		
11. Dizziness or unsteadiness			40. Skin disease		
12. Unconsciousness (for any reason)			HAVE YOU EVER:	YES	NO
13. Head injury or concussion			41. Had any physical abnormalities		
14. Epilepsy or fits of any kind			42. Had any surgical operations done		
15. Any other neurological disorder			43. Abused alcohol		
16. Any mental /psychological disorder including Dementia			44. Abused drugs or substances		
17. Eye or vision trouble (except for glasses)			45. Used any medication		
18. Hearing or speech disorders			OCCUPATIONAL HISTORY:	YES	NO
19. Hayfever or allergy			46. Asbestos exposure		
20. Asthma or lung disease			47. Mine or underground work		
21. Collapsed lung (pneumo/haemathorax)			48. Chemical exposure		
22. Tuberculosis or pneumonia			49. Noise exposure		
23. Heart disease or high blood pressure			50. Heat exposure		
24. Chest discomfort, pain or palpitations			FITNESS HISTORY:	YES	NO
25. Heart murmur or valve problem			51. Competitive sport		
26. Heartburn, frequent indigestion or hernias			52. Regular exercise		
27. Stomach, liver, ulcers or intestinal trouble			TATTOOS:	YES	NO
			53. Do you have any tattoos, if yes, specify (appearance/which part of the body)		

TO BE COMPLETED BY MEDICAL EXAMINER. COMMENT IN FULL ON THE ITEMS MARKED YES ON SEPARATE ATTACHMENT.
TO BE COMPLETED BY MEDICAL EXAMINER. INFORMATION VOLUNTARILY DISCLOSED BY APPLICANT.

MEDICAL EVALUATION DOCUMENT

Explanation for applicants and the South African Police Service Recruitment Offices

PROCEDURE

1. When visiting an accredited medical examiner, the **Medical Evaluation Request Form** should be handed to the examiner to be completed.
2. The applicant should ensure that all questions are answered and all examinations are completed thoroughly.
3. Ensure that the examiner signs the form and includes his personal details in an easy, identifiable format.

STEPS TO BE TAKEN

1. Referral to an appointed medical examiner by the South African Police Service Recruitment Office.
2. Phone for an appointment well in advance.
3. Ensure that the receptionist knows that the appointment is for a complete 1 1/2 hour medical examination.
4. Turn up at least 1/2 hour before your appointment time.
5. Report any unprofessional behaviour to South African Police Service.
6. HIV/AIDS testing may not be done without your informed consent.
7. Ensure that drug testing is done within the correct protocols.
8. Applicants details (Part 1-**Medical Evaluation Request Form**) must be completed first and South African Police Service Recruitment Offices' identification (Part 2-**Medical Evaluation Request Form**) to be completed precisely.
9. The examiner will request your full medical history (Part 1-**Medical Evaluation Document**), inclusive of the following:
 - Family history. Details of your close family (father/mother/brother/sister/children and medical history, in respect of the illnesses indicated.
 - Occupational history in respect of diseases related to work that you have had done in the past, example asbestos-work on asbestos mine.
 - Medical history. Any illnesses, operations or disease that you have or may have suffered from that can or could have a serious impact on your ability to serve as an active officer.
 - If you wear glasses or take any tablets, ensure that you take it when visiting the examiner.
 - It is not compulsory to answer questions 35 and 36 (under medical history) but will be helpful in assisting the examiner in generating a more accurate opinion of your total well being. This information will remain strictly confidential.
10. The physical examination should only be conducted by accredited examiner acting in a professional capacity in a well equipped, clean consulting room. Be well rested, neat and on time for your appointment, as it could affect your pulse or blood pressure. Balanced meals should be taken during 24 hours before the examination to obtain an accurate blood sugar count and urine analysis. All medications that you normally take must be administered at their normal times in order not to influence the result of the examination.
11. On the request of the South African Police Service, you may be required to undergo a drug or alcohol test.
12. The fitness recommendations will be completed (Part 1 and 2-**Medical Evaluation Certificate**), indicating your employment status.
 - Recommended
 - Not recommended
13. The examiner's details will be completed (Part 3 and 4-**Medical Evaluation Certificate**), which will show his initials, surname, signature and qualifications. Always ensure that the correct date appears.

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PART 2 A: MEDICAL TREATMENT WITHIN THE LAST TWO (2) YEARS		
DATE	NAME OF MEDICAL PRACTITIONER AND MEDICAL SPECIALITY	DIAGNOSIS/REASON FOR TREATMENT

PART 2 B: 2 GENERAL PRACTITIONERS OF THE PREVIOUS TEN (10) YEARS		
	NAME OF MEDICAL PRACTITIONER	CONTACT DETAILS
1.		
2.		

Notice: Any person who makes, either orally or in writing a misleading statement in or in connection with any application for a licence, certificate or rating, issued under these regulations, shall be guilty of an offence. **Declaration by the applicant:** I hereby certify that all statements made by me in this examination form are complete and true, to the best of my knowledge, and hereby agree that they are to be considered part of the bases for issuance of any medical certificate to me, and that all medical records must be released to SAPS if so requested by SAPS. I hereby give the SAPS permission to contact my general practitioner for the last ten years if the need should exist for this, and to give a copy of this form to POLMED for medical purposes. In the event of non disclosure I absolve SAPS and any of its service providers and as necessary indemnify and keep indemnified SAPS and any of its service providers from any claims that may arise due to non disclosure during the medical evaluation process.

SIGNATURE OF APPLICANT	NAME IN PRINT	DATE				
SIGNATURE OF MEDICAL EXAMINER	NAME IN PRINT AND PRACTICE NUMBER					

PART 3: PHYSICAL EXAMINATION: M.1.4				
MASS (kg) (with clothes)		HEIGHT (cm) (without shoes)		CHEST INSP: (not female applicants)
BMI:		ABDOMEN MEASUREMENT		CHEST EXP:

BLOOD PRESSURE						
LYING:		MmHg	SITTING:			
			MmHg (if blood pressure above 140/90 record at end of examination)			
URINE ANALYSIS			SUGAR IN URINE			
NORMAL/ABNORMAL:			BLOOD IN URINE			
ph PROTEIN						
Mark each item in the appropriate column		NAD	ABN	Mark each item in the appropriate column	NAD	ABN
Head, face, scalp and neck				Neurological system (See medical compiled by Thandile)		
Nose and sinuses				Upper limbs (strength, range of motion), deformities		
Ears and eardrums				Lower limbs (strength, range of motion), deformities		
Valsava (patent bilaterally)				Spine and musculo-skeletal		
Romberg/Rinne/Weber test				Skin		
Lung, chest and breasts				Identifying body marks		
Heart				Psychological evaluation/Signs of Schizophrenia		
Vascular system and lymphatics				Enlarged thyroid or other tumours		
Abdomen				Any other problems and general impression		
Signs of Hyperlipidaemia				Genito-urinary system		
Peripheral pulses palpable				* COMMENT IN FULL ON THE ITEMS MARKED ABN ON SEPARATE ATTACHMENT		

PART 4: VISUAL EXAMINATION		
Examination performed by medical examiner?	YES	NO
Corrective lenses used regularly?	YES	NO
Orbit and adnexae	NAD	ABN
Ophthalmic examination	NAD	ABN
Pupils (reaction and size)	NAD	ABN
Eye movements	NAD	ABN

MEDICAL EVALUATION DOCUMENT

Explanation for Medical Examiners

PROCEDURE

1. When a new applicant arrives for a medical examination, Part 1—**Medical Evaluation Document**—should be completed thoroughly and no question may be left unanswered, except 35 and 36.
2. The document should be completed and signed in an easily identifiable, neat format.
3. All new applicants should be treated in a professional manner throughout the examination, from reception through the physical examination and tests.
4. The examiner should adhere to all ethical legal rules and regulations with regard to drug and alcohol testing, as well as HIV/AIDS testing.
5. Allocate adequate time, as the examination will take at least one and a half hour.

STEPS TO BE TAKEN WITH NEW APPLICANTS MEDICAL EXAMINATION

1. Ensure that the applicant's details are correctly completed and always positively identify the applicant. (Part 1—**Medical Evaluation Request Form**).
2. The family history of an applicant will give the examiner some indication of which tests should be concentrated on, for example where a parent has diabetes, the examiner will have a high suspicion that the recruit could also suffer from this condition.
3. The same would apply to an applicant who has been exposed to some potential industrial or occupational hazards.
4. Many diseases marked (Yes) under medical history could render the applicant unfit and should be investigated further. It could also assist with the rest of your examination.
5. Always ensure that the applicant properly understands the history questions asked. If no (Yes) points are marked, questions like:
 - Have you ever been in hospital?
 - Have you ever had medication?
 - Have you ever had stitches?

Could help stimulate the applicant's memory. It is not compulsory for the applicant to answer questions 35 and 36 (under medical history). If it is completed, please ensure the strictest confidentiality under all circumstances.

6. For the physical examination (Part 3), always ensure that your equipment is of high quality and calibrated. The applicant's future depends on your examination.
7. Blood pressure and pulse rate must always be taken after the applicant has rested for at least 5 minutes. The blood pressure should be taken lying down, as well as in a sitting position.
8. Any abnormality of the urine analysis especially blood, protein or sugar should be further investigated.
9. Applicants must be examined thoroughly in order that you will not miss abnormalities or deformities that could affect the applicant's skill and abilities.
10. Documented identification of body marks could help with identification of an applicant after a fatal accident or incident.
11. The visual examination should always be done by the medical examiner or qualified optician.
12. Visual accuracy should be measured with a Snellen notation chart at the correct distances or with an Orthorator refractor.
13. Visual fields can be done manually or with the Orthorator.
14. Colour vision should be done with an Ischiara chart or the Lantern method.
15. A thorough audiological examination is important for two reasons:
 - To indicate if the applicant's hearing was normal at the time of employment.
 - Whether he/she developed problems due to the job.
16. A stress ECG is required if there are any high risk factors in an applicant's history or detected during investigation. Family history, high cholesterol or hypertension is but a few danger signs. On examination, hypertension, tagikardia or chest pain, etc., will also be an indication for a stress ECG.
17. A chest X-ray is indicated if any factors in the applicant's history are indicative of lung disease, for example working in underground coal mines. If the examination show major abnormalities, such as crepites or rhonchi, a chest X-ray is always indicated.
18. Lung functions are indicated for the same reasons as chest X-ray.
19. A gynaecological examination should be done on all female applicants but a gynaecologist report will be accepted on presentation.
20. Blood sugar should always be tested as part of the screening process.
21. If other tests are indicated and the applicant gives his/her informed consent, they may be done. Otherwise it should be noted as a restriction subject to a normal result.
22. The form must be signed and the examiner's details should be added in an easy, identifiable and neat format (Part 4—**Medical Evaluation Certificate**).
23. The medical examiner must take note of the following common factors, which in the past resulted in injuries during training:
 - (i) Older applicants are more prone to injury.
 - (ii) The tendency towards a high body mass index, especially in female applicants due to a high sedentary lifestyle.
 - (iii) Spinal and joint injuries and/or surgery may be present in which case a specialist report will be required.
24. Physical training requires the applicant to do sit-ups, push-ups, and obstacle courses, running and leaving to apply "search and cuff" techniques, which will put strain on the shoulder joint.
25. Most common injuries occur to the knee and ankle joints and extra care should be taken to ensure healthy joints. These most commonly occur in the first month of training.
26. Shock and stress fractures occurring during the second month can be avoided by ensuring that the applicant's feet are healthy and abnormalities like pronation and supination are rectified, prior to training, by a podiatrist.
27. Information voluntarily disclosed by applicant, during examination, should be made known to SAPS.

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MEDICAL CERTIFICATE OF FITNESS FOR TRAINEE						
Authorization Number:				Date		
To	SAPS		Company		SAPS	
Applicant Name				ID Number		
Applicant Surname						
FITNESS FOR DUTY RECOMMENDATION (According to the available information the applicant is)						
Fitness Category		✓		Comment / Recommendation		
Fit to Train						
Unfit to Train						
TESTS PERFORMED DURING MEDICAL SURVEILLANCE						
Height: cm	Chest Inspiration cm	Waist Circumference cm	Blood Glucose mmol/l	Blood Pressure Sitting:	Chronic Diseases Yes / No	
Weight: kg	Chest Expiration cm			Lying:		
BMI:						
% Body Fat:						
Far Vision	Near Vision	Colour Vision	Night Vision	Visual Fields		
L:	L:	Normal:				
R:	R:	Abnormal:				
Audiometry Test	Spirometry Test	ECG	X-Rays	Framingham Risk Score	Harvard Step Test if applicable	
PLH Value:						
Normal	Normal					
Abnormal	Abnormal					
Urine Dipstick	Pregnancy Test	Substance Abuse (Urine)		Identifying Body Marks (Tattoos)		
Ph	Neg / Pos	Rapid Test: Negative / Non-Negative				
Blood		Confirmatory Test: Negative / Positive				
Other	N/A					
Fatigue Screening	Total Wellbeing	TB Questionnaire	Epworth Sleepiness	K10 Anxiety/Depression	Musculo-Skeletal Questionnaire	
Normal / Abnormal	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal	
REFERRAL (Applicant was referred for further investigations to)						
Own Healthcare Provider		Social Worker / EAP / Psychologist				
Optometrist / Ophthalmologist		Dietitian				
Audiologist		Other				
NOTES						
I herewith give permission that the above information may be forwarded to SAPS Procurement Management.						
Signature of Applicant	Name of Examiner (OHNP/OMP)		Occupational Medicine Practitioner		Stamp or Practice Details	
	Signature of Examiner (OHNP/OMP)		Signature CHAP			

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SOUTH AFRICAN POLICE SERVICE



**MEDICAL EVALUATION REQUEST FORM
PRE-TRAINING**

MEDICAL EVALUATION REQUEST FORM

INITIALS				SURNAME																															
RACE				GENDER				ID NUMBER																											
POSTAL ADDRESS																																			
				CODE																															
PHYSICAL ADDRESS																																			
				CODE																															
TEL. No. (H)				-				CELL No.																											
HOME LANGUAGE																				DRIVER'S LICENCE				YES		NO		CODE							

RECRUITMENT OFFICE ADDRESS																			
																CODE			

TEL No.					-						
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SIGNATURE	INITIALS AND SURNAME										DATE					

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MEDICAL EVALUATION DOCUMENT

PART 1: MEDICAL HISTORY: M.1.3 * INDICATES QUESTIONS WHICH ARE OPTIONAL

FAMILY HISTORY OF:	YES	NO	HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO
1. Heart disease or high blood pressure					
2. Epilepsy or convulsions			29. Kidney stones or blood in the urine (including Bilharzia)		
3. Glaucoma or blindness			30. Sugar or protein in the urine		
4. Diabetes Mellitus (sugar sickness)			31. Prostate/Gynaecological problems		
5. Family deaths before 60 years of age			32. Any blood or thyroid disorder		
HAVE YOU EVER BEEN:	YES	NO	33. Malignant tumours cancer or radiotherapy		
6. Refused life insurance			34. Weight loss (without dieting)		
7. Refused a driving licence			35. Sexually transmitted disease*		
8. Admitted to hospital (for any reason)			36. Other illnesses or injuries		
9. A smoker			37. Allergies: Penicillin etc.		
HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO	38. Back problems, joint or bone disease		
10. Frequent or severe headaches			39. Varicose veins, piles		
11. Dizziness or unsteadiness			40. Skin disease		
12. Unconsciousness (for any reason)			HAVE YOU EVER:	YES	NO
13. Head injury or concussion			41. Had any physical abnormalities		
14. Epilepsy or fits of any kind			42. Had any surgical operations done		
15. Any other neurological disorder			43. Abused alcohol		
16. Any mental /psychological disorder including Dementia			44. Abused drugs or substances		
17. Eye or vision trouble (except for glasses)			45. Used any medication		
18. Hearing or speech disorders			OCCUPATIONAL HISTORY:	YES	NO
19. Hayfever or allergy			46. Asbestos exposure		
20. Asthma or lung disease			47. Mine or underground work		
21. Collapsed lung (pneumo/haemathorax)			48. Chemical exposure		
22. Tuberculosis or pneumonia			49. Noise exposure		
23. Heart disease or high blood pressure			50. Heat exposure		
24. Chest discomfort, pain or palpitations			FITNESS HISTORY:	YES	NO
25. Heart murmur or valve problem			51. Competitive sport		
26. Heartburn, frequent indigestion or hernias			52. Regular exercise		
27. Stomach, liver, ulcers or intestinal trouble			TATTOOS:	YES	NO
			53. Do you have any tattoos, if yes, specify (appearance/which part of the body)		

**TO BE COMPLETED BY MEDICAL EXAMINER. COMMENT IN FULL ON THE ITEMS MARKED YES ON SEPARATE ATTACHMENT.
TO BE COMPLETED BY MEDICAL EXAMINER. INFORMATION VOLUNTARILY DISCLOSED BY APPLICANT.**

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MEDICAL EVALUATION DOCUMENT

Explanation for applicants and the South African Police Service Recruitment Offices

PROCEDURE

1. When visiting an accredited medical examiner, the **Medical Evaluation Request Form** should be handed to the examiner to be completed.
2. The applicant should ensure that all questions are answered and all examinations are completed thoroughly.
3. Ensure that the examiner signs the form and includes his personal details in an easy, identifiable format.

STEPS TO BE TAKEN

1. Referral to an appointed medical examiner by the South African Police Service Recruitment Office.
2. Phone for an appointment well in advance.
3. Ensure that the receptionist knows that the appointment is for a complete 1 1/2 hour medical examination.
4. Turn up at least 1/2 hour before your appointment time.
5. Report any unprofessional behaviour to South African Police Service.
6. HIV/AIDS testing may not be done without your informed consent.
7. Ensure that drug testing is done within the correct protocols.
8. Applicants details (Part 1-**Medical Evaluation Request Form**) must be completed first and South African Police Service Recruitment Offices' identification (Part 2-**Medical Evaluation Request Form**) to be completed precisely.
9. The examiner will request your full medical history (Part 1-**Medical Evaluation Document**), inclusive of the following:
 - Family history. Details of your close family (father/mother/brother/sister/children and medical history, in respect of the illnesses indicated.
 - Occupational history in respect of diseases related to work that you have had done in the past, example asbestos-work on asbestos mine.
 - Medical history. Any illnesses, operations or disease that you have or may have suffered from that can or could have a serious impact on your ability to serve as an active officer.
 - If you wear glasses or take any tablets, ensure that you take it when visiting the examiner.
 - It is not compulsory to answer questions 35 and 36 (under medical history) but will be helpful in assisting the examiner in generating a more accurate opinion of your total well being. This information will remain strictly confidential.
10. The physical examination should only be conducted by accredited examiner acting in a professional capacity in a well equipped, clean consulting room. Be well rested, neat and on time for your appointment, as it could affect your pulse or blood pressure. Balanced meals should be taken during 24 hours before the examination to obtain an accurate blood sugar count and urine analysis. All medications that you normally take must be administered at their normal times in order not to influence the result of the examination.
11. On the request of the South African Police Service, you may be required to undergo a drug or alcohol test.
12. The fitness recommendations will be completed (Part 1 and 2-**Medical Evaluation Certificate**), indicating your employment status.
 - Recommended
 - Not recommended
13. The examiner's details will be completed (Part 3 and 4-**Medical Evaluation Certificate**), which will show his initials, surname, signature and qualifications. Always ensure that the correct date appears.

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PART 2 A: MEDICAL TREATMENT WITHIN THE LAST TWO (2) YEARS

DATE	NAME OF MEDICAL PRACTITIONER AND MEDICAL SPECIALITY	DIAGNOSIS/REASON FOR TREATMENT

PART 2 B: 2 GENERAL PRACTITIONERS OF THE PREVIOUS TEN (10) YEARS

	NAME OF MEDICAL PRACTITIONER	CONTACT DETAILS
1.		
2.		

Notice: Any person who makes, either orally or in writing a misleading statement in or in connection with any application for a licence, certificate or rating, issued under these regulations, shall be guilty of an offence. **Declaration by the applicant:** I hereby certify that all statements made by me in this examination form are complete and true, to the best of my knowledge, and hereby agree that they are to be considered part of the bases for issuance of any medical certificate to me, and that all medical records must be released to SAPS if so requested by SAPS. I hereby give the SAPS permission to contact my general practitioner for the last ten years if the need should exist for this, and to give a copy of this form to POLMED for medical purposes. In the event of non disclosure I absolve SAPS and any of its service providers and as necessary indemnify and keep indemnified SAPS and any of its service providers from any claims that may arise due to non disclosure during the medical evaluation process.

SIGNATURE OF APPLICANT	NAME IN PRINT	DATE
SIGNATURE OF MEDICAL EXAMINER	NAME IN PRINT AND PRACTICE NUMBER	

PART 3: PHYSICAL EXAMINATION: M.1.4

MASS (kg) (with clothes)		HEIGHT (cm) (without shoes)		CHEST INSP: (not female applicants)	
BMI:		ABDOMEN MEASUREMENT		CHEST EXP:	

BLOOD PRESSURE

LYING:		MmHg	SITTING:		MmHg (if blood pressure above 140/90 record at end of examination)
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URINE ANALYSIS

NORMAL/ABNORMAL:		ph	PROTEIN		BLOOD IN URINE
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Mark each item in the appropriate column	NAD	ABN	Mark each item in the appropriate column	NAD	ABN
Head, face, scalp and neck			Neurological system (See medical compiled by Thandile)		
Nose and sinuses			Upper limbs (strength, range of motion), deformities		
Ears and eardrums			Lower limbs (strength, range of motion), deformities		
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Romberg/Rinne/Weber test			Skin		
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Heart			Psychological evaluation/Signs of Schizophrenia		
Vascular system and lymphatics			Enlarged thyroid or other tumours		
Abdomen			Any other problems and general impression		
Signs of Hyperlipidaemia			Genito-urinary system		
Peripheral pulses palpable			* COMMENT IN FULL ON THE ITEMS MARKED ABN ON SEPARATE ATTACHMENT		

PART 4: VISUAL EXAMINATION

Examination performed by medical examiner?	YES	NO
Corrective lenses used regularly?	YES	NO
Orbit and adnexae	NAD	ABN
Ophthalmic examination	NAD	ABN
Pupils (reaction and size)	NAD	ABN
Eye movements	NAD	ABN

MEDICAL EVALUATION DOCUMENT

Explanation for Medical Examiners

PROCEDURE

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5. Allocate adequate time, as the examination will take at least one and a half hour.

STEPS TO BE TAKEN WITH NEW APPLICANTS MEDICAL EXAMINATION

1. Ensure that the applicant's details are correctly completed and always positively identify the applicant. (Part 1-Medical Evaluation Request Form).
2. The family history of an applicant will give the examiner some indication of which tests should be concentrated on, for example where a parent has diabetes, the examiner will have a high suspicion that the recruit could also suffer from this condition.
3. The same would apply to an applicant who has been exposed to some potential industrial or occupational hazards.
4. Many diseases marked (Yes) under medical history could render the applicant unfit and should be investigated further. It could also assist with the rest of your examination.
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 - Have you ever been in hospital?
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11. The visual examination should always be done by the medical examiner or qualified optician.
12. Visual accuracy should be measured with a Snellen notation chart at the correct distances or with an Orthorator refractor.
13. Visual fields can be done manually or with the Orthorator.
14. Colour vision should be done with an Ischiara chart or the Lantern method.
15. A thorough audiological examination is important for two reasons:
 - To indicate if the applicant's hearing was normal at the time of employment.
 - Whether he/she developed problems due to the job.
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18. Lung functions are indicated for the same reasons as chest X-ray.
19. A gynaecological examination should be done on all female applicants but a gynaecologist report will be accepted on presentation.
20. Blood sugar should always be tested as part of the screening process.
21. If other tests are indicated and the applicant gives his/her informed consent, they may be done. Otherwise it should be noted as a restriction subject to a normal result.
22. The form must be signed and the examiner's details should be added in an easy, identifiable and neat format (Part 4-Medical Evaluation Certificate).
23. The medical examiner must take note of the following common factors, which in the past resulted in injuries during training:
 - (i) Older applicants are more prone to injury.
 - (ii) The tendency towards a high body mass index, especially in female applicants due to a high sedentary lifestyle.
 - (iii) Spinal and joint injuries and/or surgery may be present in which case a specialist report will be required.
24. Physical training requires the applicant to do sit-ups, push-ups, and obstacle courses, running and leaving to apply "search and cuff" techniques, which will put strain on the shoulder joint.
25. Most common injuries occur to the knee and ankle joints and extra care should be taken to ensure healthy joints. These most commonly occur in the first month of training.
26. Shock and stress fractures occurring during the second month can be avoided by ensuring that the applicant's feet are healthy and abnormalities like pronation and supination are rectified, prior to training, by a podiatrist.
27. Information voluntarily disclosed by applicant, during examination, should be made known to SAPS.

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SAPS 553 A

PART 5: VISUAL ACUITY

EYE	DISTANCE VISION (6 m)				NEAR VISION (30-50 cm)			
Right	Corrected to 6/				Corrected to 6/			
Left	Corrected to 6/				Corrected to 6/			
Visual fields:	L	(degrees)	R	(degrees)	Night vision:			
Colour vision:	Normal				Abnormal			

PART 6: AUDIOLOGICAL EXAMINATION (db hearing loss)

		0.5	1	2	3	4	kHz	NAD	ABN
R									
	40db								
	20db								
L		0.5	1	2	3	4	kHz	NAD	ABN
	40db								
	20db								

PART 7: TEETH

NUMBER OF TEETH:	Upper Jaw								Lower Jaw							
(State condition of teeth: B = Bad, D = Denture, T = Need Treatment, O = Out, G = Good, N = Normal)																
CONDITION																
UPPER JAW	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
LOWER JAW	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
CONDITION																

I certify that as far as ordinary dental treatment is concerned, the person whose particulars appear on the front of this form does (not) need any further dental treatment. If the applicant who has just been examined by you needs advanced/specialist treatment specify as follows:

Type of treatment:

PART 8: SPECIAL EXAMINATIONS

STRESS AND RESTING ECG	Performed		Not Required
CHEST X-RAY REPORT	Performed		Not Required
LUNG FUNCTION	Performed		Not Required
GYNAECOLOGICAL EXAMINATION	Performed		Not Required
BLOOD SUGAR	Performed		Not Required
PREGNANCY (all female applicants)	Performed		Not Required

Are any other tests indicated (fasting cholesterol, etc.)? Do you suspect any health factors that may influence the applicant's ability to complete the physical training successfully or do you have any additional information that could affect the above?

YES NO

SPECIFY TEST:

PART 1: APPLICANT DETAILS: C.1.1 AND M.1.1

PART 2: STATE OF FITNESS: C.1.4 AND M.1.5

FIT FOR EMPLOYMENT:														
DATE:							PLACE							

REASONS:PART 3: DECLARATIONS: C.1.5

1. I accept that any false declaration is punishable by law and that I will be held responsible for damages incurred due to a false declaration.
2. I have positively identified the above-mentioned applicant.

PART 4: MEDICAL EXAMINER: C.1.6 AND M.1.6

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