

<<nvCurrentDate2>>

**Ref:** <<intCandidateID>>-<<intApplicationID>>

Re: <<nvCandidateNameDisplay>> DOB: <<nvBirthDate>>

Dear Doctor,

We would like to take this opportunity to thank you for your assistance in preparing this candidate for enlistment. In the military, the demands of Service mean that those with asthma need to manage their asthma promptly and effectively. Early identification and prompt treatment of exacerbations is mandatory. As you are aware successful management of asthma is enhanced by asthma education and the provision of an Asthma Action Plan. It is therefore requested that you provide the candidate with an Asthma Action Plan and a repeat prescription for medication(s). The candidate will need to be in possession of one month's supply of medication on enlistment day.

The following low dose inhaled corticosteroids **are acceptable for ADF entry:**

- Pulmicort (Budesonide) 400mcg/day;
- Qvar (Beclomethasone Dipropionate) 200mcg/day;
- Alvesco (Ciclesonide) 160mcg/day; or
- Flixotide (Fluticasone Propionate) 200mcg/day (Note: NOT 250mcg/day as this is considered medium not low dose therefore Flixotide Junior needs to be prescribed if it is used BD):

**Please DO NOT prescribe combination long acting B2-agonists (e.g. Symbicort & Seretide) as these are not permitted for ADF entry** however, Symbicort or Seretide can be included in their Asthma Action Plan if recommended for exacerbations/deterioration of their asthma.

Should you wish to utilise examples of Asthma Action Plans, these can be found on the National Asthma Council of Australia website [www.nationalasthma.org.au/cms/index.php](http://www.nationalasthma.org.au/cms/index.php) or, alternatively, I have attached a sample guideline for your review.

Please note that ADF Careers will accept the consultation costs incurred in obtaining the requested information, the candidate is not responsible for payment. Note this request is not a medico-legal report and the costs covered do not include any treatment, genetic testing, or invasive procedures.

Please forward medical reports to the secure email address below. Should you have any enquiries regarding this request please phone the number below.

Yours sincerely,

Digitally signed: <<nvUserMailSignatureName>> <<nvCurrentDate2>>  
**ADF Careers – Medical Section**

---

I, <<nvGivenNamesFullOther>> <<nvSurnameOther>> authorise ..... to release to the Medical Section, ADF Careers all information regarding the above mentioned condition/s.

Signed: ..... Date: .....

&lt;&lt;nvCurrentDate2&gt;&gt;

Annex D

**Reference No.:** <<intCandidateID>>-<<intApplicationID>>

Dear Doctor,

Re: &lt;&lt;nvCandidateNameDisplay&gt;&gt; DOB: &lt;&lt;nvBirthDate&gt;&gt;

The above-named candidate has applied to join the Australian Defence Forces (ADF) and has a history of asthma which does not meet the current medical entry standards. As part of the processing requirements:

- <<nvFirstNamePreferred>> has declared symptoms/treatment with [ insert Hx details].
- Spirometry FEV1 was recorded as less than 80%
- Challenge test with Mannitol/hypertonic saline was positive indicating airway hyper-reactivity.

Unfortunately this means that the candidate is currently considered unfit for entry into the ADF.

However, ADF policy stipulates that candidates may be suitable for entry after assessment and supervision of a three month trial of low dose ICS (LDICS). The trial will need to confirm that he/she can maintain good control of their asthma with LDICS, spirometry FEV1 result  $\geq 80\%$  and a negative challenge test.

It is therefore requested that you review your patient to assess his/her suitability for the trial. Should you consider them suitable to undertake the trial, please provide a letter confirming that they are suitable for the trial and confirm the start date of the trial and medication (including dosage) you have selected for use during the trial. As the treating doctor it would be appreciated if you could supervise the trial. The trial may utilise any of the following LDICS:

- Pulmicort (Budesonide) 400mcg/day;
- Qvar (Beclomethasone Dipropionate) 200mcg/day;
- Alvesco (Ciclesonide) 160mcg/day; or
- Flixotide (Fluticasone Propionate) 200mcg/day; (Note: NOT 250mcg/day as this is considered medium not low dose therefore Flixotide Junior needs to be prescribed if it is used BD)

**PLEASE DO NOT PRESCRIBE COMBINATION LONG ACTING B2-AGONISTS EG: SERETIDE & SYMBICORT**

Once the trial has been successfully completed could you please provide a letter confirming period of trial and medication/dosage used during the trial. Upon receipt of this letter ADF Careers medical staff will advise the candidate of further processing requirements.

Please note that ADF Careers will accept the consultation costs incurred in obtaining the requested information, the candidate is not responsible for payment. Note this request is not a medico-legal report and the costs covered do not include any treatment, genetic testing, or invasive procedures.

Please forward medical reports to the secure email address below. Should you have any enquiries regarding this request, please phone the number below.

Yours sincerely,

Digitally signed: &lt;&lt;nvUserMailSignatureName&gt;&gt; &lt;&lt;nvCurrentDate2&gt;&gt;

**ADF Careers – Medical Section**

I, <<nvGivenNamesFullOther>> <<nvSurnameOther>> authorise ..... to release to the Medical Section, ADF Careers all information regarding the above mentioned condition/s.

Signed: ..... Date: .....

&lt;&lt;intCandidateID&gt;&gt;

ADF Careers – Medical Section  
<<nvUserBranchLocationEmail>>  
Telephone: 13 19 02

**MVR – Over 45 Glaucoma**

<<nvCurrentDate2>>

**Reference No.:** <<intCandidateID>>-<<intApplicationID>>

Dear Specialist,

Re: <<nvCandidateNameDisplay>> DOB: <<nvBirthDate>>

The candidate is being assessed for entry into the Australian Defence Forces and is aged 45 or over and must have a vision assessment, **including Glaucoma Screening** (and/or has disclosed a need for use of visual aids, including glasses or contact lenses).

The Optometrist needs to record their contact details on this form and record the clinical findings on the attached Department of Defence, Eye Examination form (PM 529).

Two appointments are needed if contact lenses are worn as the preferred method of visual correction most of the time. Contact lenses must not be worn for one week (soft contacts) or two weeks (hard contacts) prior to the first examination.

1. At the first appointment, the candidate should present and have their glasses and/or contact lenses with them. A full examination is required including:
  - Subjective refraction
  - Cycloplegic refraction
  - Physical examination of the eyes
2. When a second appointment is required, the candidate should present in contact lenses after having worn them for at least four hours. The candidate should also be instructed to bring their spectacles to the second appointment. The ophthalmologist or optometrist should assess the following:
  - VA wearing contact lenses
  - Spectacle blur, i.e. the vision in glasses immediately upon contact lens removal.

Please note that ADF Careers will accept the costs incurred for the optometry assessment and report, the candidate is not responsible for payment.

**The candidate has signed the following declaration regarding release of medical information and the assessor needs to complete the full contact details below.**

I, <<nvGivenNamesFullOther>> <<nvSurnameOther>> authorise the assessor named here and overleaf to release to the Medical Section, ADF Careers, all information about my MVR assessment.

**I also acknowledge that I have been told that the assessment will involve the use of eye drops to dilate my pupils. This may affect my vision for many hours afterwards and I must not drive for the rest of the day, at least, and I should take sunglasses for use afterwards.**

Signed: ..... Date: .....

**Contact Details of Assessing Optometrist or Ophthalmologist**

The refraction must be with the use of cycloplegia (e.g. Cyclopentolate HCl 1%) and the minus cylinder form must be used for recording dioptries.

Name: .....

Signature: .....

Address: .....

Date: .....

Phone: .....

<<intCandidateID>>

ADF Careers – Medical Section  
<<nvUserBranchLocationEmail>>  
Telephone: 13 19 02

Please forward medical reports to the secure email address below. Should you have any enquiries regarding this request, please phone the number below.

Yours sincerely,

Digitally signed: <<nvUserMailSignatureName>> <<nvCurrentDate2>>  
**ADF Careers – Medical Section**

---

<<intCandidateID>>

ADF Careers – Medical Section  
<<nvUserBranchLocationEmail>>  
Telephone: 13 19 02

<<nvCurrentDate2>>

**Reference No.:** <<intCandidateID>>-<<intApplicationID>>

Dear Optometrist,

Re: <<nvCandidateNameDisplay>> DOB: <<nvBirthDate>>

The candidate is being assessed for entry into the Australian Defence Forces and has reduced Visual Acuity (VA) or has disclosed a need for use of visual aids, including glasses or contact lenses.

The Optometrist needs to record their contact details on this form and record the clinical findings on the attached Department of Defence, Eye Examination form (PM 529).

Two appointments are needed if contact lenses are worn as the preferred method of visual correction most of the time. Contact lenses must not be worn for one week (soft contacts) or two weeks (hard contacts) prior to the first examination.

1. At the first appointment, the candidate should present and have their glasses and/or contact lenses with them. A full examination is required including:
  - Subjective refraction
  - Cycloplegic refraction
  - Physical examination of the eyes
2. When a second appointment is required, the candidate should present in contact lenses after having worn them for at least four hours. The candidate should also be instructed to bring their spectacles to the second appointment. The ophthalmologist or optometrist should assess the following:
  - VA wearing contact lenses
  - Spectacle blur, i.e. the vision in glasses immediately upon contact lens removal.

Please note that ADF Careers will accept the costs incurred for the optometry assessment and report, the candidate is not responsible for payment.

**The candidate has signed the following declaration regarding release of medical information and the assessor needs to complete the full contact details below.**

---

I, <<nvGivenNamesFullOther>> <<nvSurnameOther>> authorise the assessor named here and overleaf to release to the Medical Section, ADF Careers, all information about my MVR assessment.

**I also acknowledge that I have been told that the assessment will involve the use of eye drops to dilate my pupils. This may affect my vision for many hours afterwards and I must not drive for the rest of the day, at least, and I should take sunglasses for use afterwards.**

Signed: ..... Date: .....

---

**Contact Details of Assessing Optometrist or Ophthalmologist**

The refraction must be with the use of cycloplegia (e.g. Cyclopentolate HCl 1%) and the minus cylinder form must be used for recording dioptres.

Name: .....

Signature: .....

Address: .....

Date: .....

Phone: .....

---

<<intCandidateID>>

ADF Careers – Medical Section  
<<nvUserBranchLocationEmail>>  
Telephone: 13 19 02

Please forward medical reports to the secure email address below. Should you have any enquiries regarding this request please phone the number below.

Yours sincerely,

Digitally signed: <<nvUserMailSignatureName>> <<nvCurrentDate2>>  
**ADF Careers – Medical Section**

---

<<intCandidateID>>

ADF Careers – Medical Section  
<<nvUserBranchLocationEmail>>  
Telephone: 13 19 02

<<nvCurrentDate2>>

**Reference No.:** <<intCandidateID>>

Dear Doctor/Health provider,

Re: <<nvCandidateNameDisplay>>      DOB: <<nvBirthDate>>

Thank you for providing a report on this person who has applied to join the Australian Defence Force (ADF). Based on the medical screening undertaken to date it has been identified that additional information is required to progress the candidate's application.

ADF training and service are physically, mentally and psychologically demanding. Military personnel train and operate under harsh and dangerous physical conditions, in climatic extremes and can have very limited access to medical care. They work long hours with limited rest periods, wear and carry combat armour and equipment, handle weapons, tools and instruments and respond to emergencies. They may be exposed to environmental, chemical and biological hazards in the course of their work.

In order to help us determine the candidate's medical suitability for military service, we would be grateful if you could provide additional information for conditions below.

**The candidate has declared a history of:**

- 1)            **Medical condition**
- 2)            **Medical condition**
- 3)            **Medical condition**

**Could you please utilise the attached template(s) to provide this information, as well as providing copies of any relevant historical records and investigation results?**

Please note that ADF Careers will accept the consultation costs incurred in obtaining the requested information, the candidate is not responsible for payment. Note this request is not a medico-legal report and the costs covered do not include any treatment, genetic testing, or invasive procedures.

Please forward medical reports to the secure email address below. Should you have any enquiries regarding this request, please email using the address below.

Yours sincerely,

Digitally signed: <<nvUserMailSignatureName>> <<nvCurrentDate2>>

**Defence Force Recruiting – Medical Section**

I, <<nvCandidateNameDisplay>> authorise ..... to release to the Medical Section, ADF Careers all information regarding the above-mentioned condition/s.

Signed: .....      Date: .....

<<nvCandidateNameDisplay>> <<intCandidateID>>

<<intCandidateID>>

ADF Careers – Medical Section  
<<nvUserBranchLocationEmail>>  
Telephone: 13 19 02

|                                                                                                                                                                                                                          |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>MEDICAL CONDITION 1</b>                                                                                                                                                                                               | <b>[To be entered by MO]</b> |
| <b>DIAGNOSIS</b>                                                                                                                                                                                                         |                              |
| Please confirm diagnosis                                                                                                                                                                                                 |                              |
| Any underlying/contributing or secondary conditions                                                                                                                                                                      |                              |
| <b>HISTORY OF CONDITION</b>                                                                                                                                                                                              |                              |
| <ul style="list-style-type: none"> <li>Current symptoms</li> </ul>                                                                                                                                                       |                              |
| <ul style="list-style-type: none"> <li>Date(s) of episodes</li> <li>Date of most recent episode</li> </ul>                                                                                                               |                              |
| <ul style="list-style-type: none"> <li>Date of resolution</li> </ul>                                                                                                                                                     |                              |
| <b>CURRENT EXAMINATION FINDINGS</b>                                                                                                                                                                                      |                              |
| Please detail all relevant positive and negative examination findings                                                                                                                                                    |                              |
| <b>DETAILS OF TREATMENT</b>                                                                                                                                                                                              |                              |
| <b>Past treatment</b> <ul style="list-style-type: none"> <li>Date(s) of treatment</li> <li>Type (including dose, frequency, duration)</li> <li>Date treatment was ceased/completed</li> <li>Any other details</li> </ul> |                              |
| <b>If current treatment:</b> <ul style="list-style-type: none"> <li>Date commenced</li> <li>Type (including dose, frequency, duration)</li> <li>Frequency of review required</li> <li>Any other details</li> </ul>       |                              |
| <b>ADDITIONAL QUESTIONS:</b>                                                                                                                                                                                             |                              |
| Additional Question #1                                                                                                                                                                                                   |                              |
| Additional Question #2                                                                                                                                                                                                   |                              |
| <b>PLEASE ALSO INCLUDE COPIES OF THE FOLLOWING RECORDS:</b>                                                                                                                                                              |                              |
| <ul style="list-style-type: none"> <li>[To be listed by MO e.g. specialist correspondence, hospital records, investigation results]</li> </ul>                                                                           |                              |

<<nvCandidateNameDisplay>> <<intCandidateID>>

<<intCandidateID>>

ADF Careers – Medical Section  
<<nvUserBranchLocationEmail>>  
Telephone: 13 19 02

|                                                                                                                                                                                                                          |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>MEDICAL CONDITION 2</b>                                                                                                                                                                                               | [To be entered by MO] |
| <b>DIAGNOSIS</b>                                                                                                                                                                                                         |                       |
| Please confirm diagnosis                                                                                                                                                                                                 |                       |
| Any underlying/contributing or secondary conditions                                                                                                                                                                      |                       |
| <b>HISTORY OF CONDITION</b>                                                                                                                                                                                              |                       |
| <ul style="list-style-type: none"> <li>Current symptoms</li> </ul>                                                                                                                                                       |                       |
| <ul style="list-style-type: none"> <li>Date(s) of episodes</li> <li>Date of most recent episode</li> </ul>                                                                                                               |                       |
| <ul style="list-style-type: none"> <li>Date of resolution</li> </ul>                                                                                                                                                     |                       |
| <b>CURRENT EXAMINATION FINDINGS</b>                                                                                                                                                                                      |                       |
| Please detail all relevant positive and negative examination findings                                                                                                                                                    |                       |
| <b>DETAILS OF TREATMENT</b>                                                                                                                                                                                              |                       |
| <b>Past treatment</b> <ul style="list-style-type: none"> <li>Date(s) of treatment</li> <li>Type (including dose, frequency, duration)</li> <li>Date treatment was ceased/completed</li> <li>Any other details</li> </ul> |                       |
| <b>If current treatment:</b> <ul style="list-style-type: none"> <li>Date commenced</li> <li>Type (including dose, frequency, duration)</li> <li>Frequency of review required</li> <li>Any other details</li> </ul>       |                       |
| <b>ADDITIONAL QUESTIONS:</b>                                                                                                                                                                                             |                       |
| Additional Question #1                                                                                                                                                                                                   |                       |
| Additional Question #2                                                                                                                                                                                                   |                       |
| <b>PLEASE ALSO INCLUDE COPIES OF THE FOLLOWING RECORDS:</b>                                                                                                                                                              |                       |
| <ul style="list-style-type: none"> <li>[To be listed by MO e.g. specialist correspondence, hospital records, investigation results]</li> </ul>                                                                           |                       |

<<nvCandidateNameDisplay>> <<intCandidateID>>

<<intCandidateID>>

ADF Careers – Medical Section  
<<nvUserBranchLocationEmail>>  
Telephone: 13 19 02

|                                                                                                                                                                                                                          |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>MEDICAL CONDITION 3</b>                                                                                                                                                                                               | [To be entered by MO] |
| <b>DIAGNOSIS</b>                                                                                                                                                                                                         |                       |
| Please confirm diagnosis                                                                                                                                                                                                 |                       |
| Any underlying/contributing or secondary conditions                                                                                                                                                                      |                       |
| <b>HISTORY OF CONDITION</b>                                                                                                                                                                                              |                       |
| <ul style="list-style-type: none"> <li>Current symptoms</li> </ul>                                                                                                                                                       |                       |
| <ul style="list-style-type: none"> <li>Date(s) of episodes</li> <li>Date of most recent episode</li> </ul>                                                                                                               |                       |
| <ul style="list-style-type: none"> <li>Date of resolution</li> </ul>                                                                                                                                                     |                       |
| <b>CURRENT EXAMINATION FINDINGS</b>                                                                                                                                                                                      |                       |
| Please detail all relevant positive and negative examination findings                                                                                                                                                    |                       |
| <b>DETAILS OF TREATMENT</b>                                                                                                                                                                                              |                       |
| <b>Past treatment</b> <ul style="list-style-type: none"> <li>Date(s) of treatment</li> <li>Type (including dose, frequency, duration)</li> <li>Date treatment was ceased/completed</li> <li>Any other details</li> </ul> |                       |
| <b>If current treatment:</b> <ul style="list-style-type: none"> <li>Date commenced</li> <li>Type (including dose, frequency, duration)</li> <li>Frequency of review required</li> <li>Any other details</li> </ul>       |                       |
| <b>ADDITIONAL QUESTIONS:</b>                                                                                                                                                                                             |                       |
| Additional Question #1                                                                                                                                                                                                   |                       |
| Additional Question #2                                                                                                                                                                                                   |                       |
| <b>PLEASE ALSO INCLUDE COPIES OF THE FOLLOWING RECORDS:</b>                                                                                                                                                              |                       |
| <ul style="list-style-type: none"> <li>[To be listed by MO e.g.specialist correspondence, hospital records, investigation results]</li> </ul>                                                                            |                       |

<<nvCandidateNameDisplay>> <<intCandidateID>>

<<intCandidateID>>

ADF Careers – Medical Section  
<<nvUserBranchLocationEmail>>  
Telephone: 13 19 02

|                                    |  |
|------------------------------------|--|
| <b>FORM COMPLETED BY:</b>          |  |
| <b>DOCTOR/HEALTH PROVIDER NAME</b> |  |
| <b>QUALIFICATIONS</b>              |  |
| <b>ADDRESS</b>                     |  |
| <b>PHONE</b>                       |  |
| <b>EMAIL</b>                       |  |
| <b>SIGNATURE</b>                   |  |
| <b>DATE</b>                        |  |

Please forward medical reports to the secure email address below. Should you have any enquiries regarding this request, please email using the address below.

<<intCandidateID>>

ADF Careers – Medical Section  
<<nvUserBranchLocationEmail>>  
Telephone: 13 19 02



adfcareers.gov.au > 13 19 01

(Date)

**Ref:** (Candidate ID)

(Candidate full name)

(Candidate DOB)

(Candidate address)

Dear Doctor,

The above candidate has a history of asthma and has been assessed as fit to enlist in the ADF on their current treatment of <<Enter current asthma medication>>.

Could you please assist in preparing the candidate for enlistment into the ADF by providing the following:

1. **A current Asthma Action Plan**
2. **A repeat prescription for the candidate's current asthma medications (including Ventolin if this is utilised for asthma management)**
3. **Ensuring the candidate is in possession of at least one month's supply of their asthma medication on enlistment day.**

Please note that ADF Careers will accept the consultation costs incurred in obtaining the requested information, the candidate is not responsible for payment. Note this request is not a medico-legal report and the costs covered do not include any treatment, genetic testing, or invasive procedures.

Please forward the medical information to the secure email address below. Should you have any enquiries regarding this request, please contact us via the email address below.

Yours sincerely,

Digitally signed: (Medical Officer name) (Date)

**Medical Officer**

**ADF Careers – Medical Section**

I, (Candidate name) authorise ..... to release to the Medical Section, ADF Careers all information regarding the above-mentioned condition/s.

Signed: ..... Date: .....

## **CHAPTER 2**

### **MEDICAL HISTORY AND EXAMINATION**

s22



s22



2.20 The candidate shall bear the costs of obtaining any reports unless otherwise approved by CMO DFR.

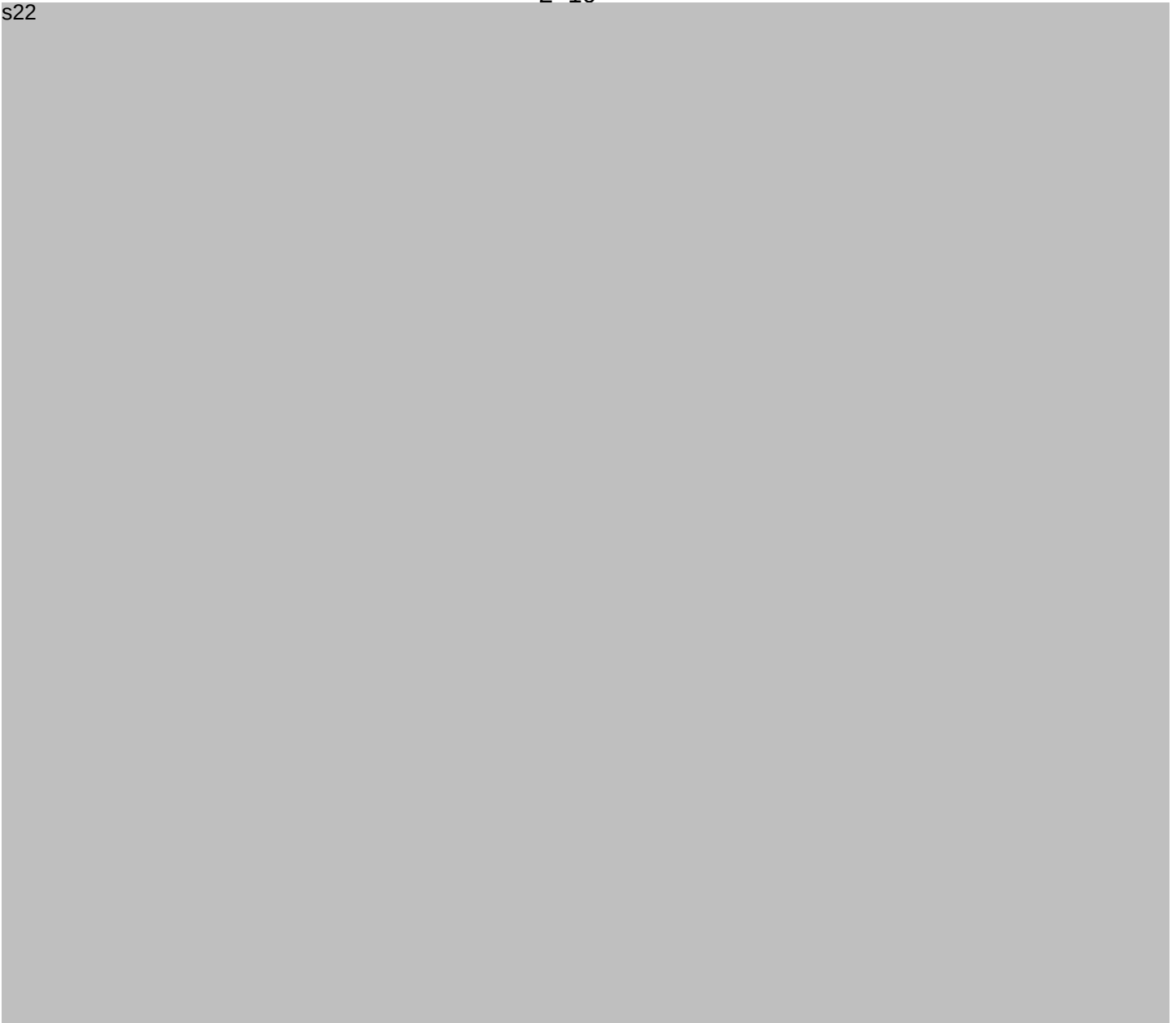
s22



2.29 Any medical condition identified on Form PM165 should be clarified by appropriate and relevant health professional reports provided by the candidate. [DHM Level 2 Part 5 Chapter 5](#)<sup>26</sup>—‘Causes of and reasons for rejection’ provides guidance as to the level of information required for specific medical problems. Any new or previously non-assessed medical condition found on examination should initially be referred to the candidate’s treating medical practitioner for investigation, management and referral for specialist opinion as necessary. The treating medical practitioner should then provide a report to the candidate of the findings of these investigations and specialist opinions. The cost of further reports or investigations as detailed above will be borne by the candidate.

2.30 In some instances, repeated requests for information provided by general practitioners, specialists or other health providers might provide insufficient information to determine medical fitness for ADF entry. Additional specialist reports in these circumstances should only be required in those cases when a decision on fitness for ADF entry cannot be made on the reports and evidence available. These additional specialist opinions required for determination of medical fitness for the ADF may be funded by Defence. In some specific cases, such as in support of a request for waiver action, an ADF specialist opinion is deemed necessary. In all cases for Defence funding, approval should be sought from CMO DFR and if approved Defence shall cover the cost of the consultation. The cost of mandated specialist assessments for specific occupations as detailed in [Annex 2E](#) and [DHM Level 2 Part 5 Chapter 6](#)<sup>27</sup>—‘Health requirements for aviation-related occupations’, [DHM Level 2 Part 5 Chapter 7](#)<sup>28</sup>—‘Health requirements for divers’, and [DHM Level 2 Part 5 Chapter 8](#)<sup>29</sup>—‘Health requirements for submariners’, are to be borne by Defence.

s22



2.34 Examination by an ophthalmologist or optometrist is valid:

- a. For two years for non-specialist employment occupation candidates. If more than 12 months but less than 24 months elapse from the date of the eye examination to entry, another examination is not required unless there is a significant change in the VA. The cost of these reports is the responsibility of the candidate unless the report is defined as a mandatory (3M) requirement for specific roles

s22



## **CHAPTER 6**

# **HEALTH REQUIREMENTS FOR AVIATION-RELATED OCCUPATIONS**

s22



## DHM Level 2 Part 5

6C-8

41. A successful review of classification decision would require the provision of:
- a. new medical evidence indicating that the condition is no longer evident and the risk of recurrence is low, or
  - b. evidence that the original assessment was based on an incorrect diagnosis, or
  - c. evidence that standards have been inappropriately applied.
42. Any costs incurred in providing this medical evidence will be at the member's expense.

s22

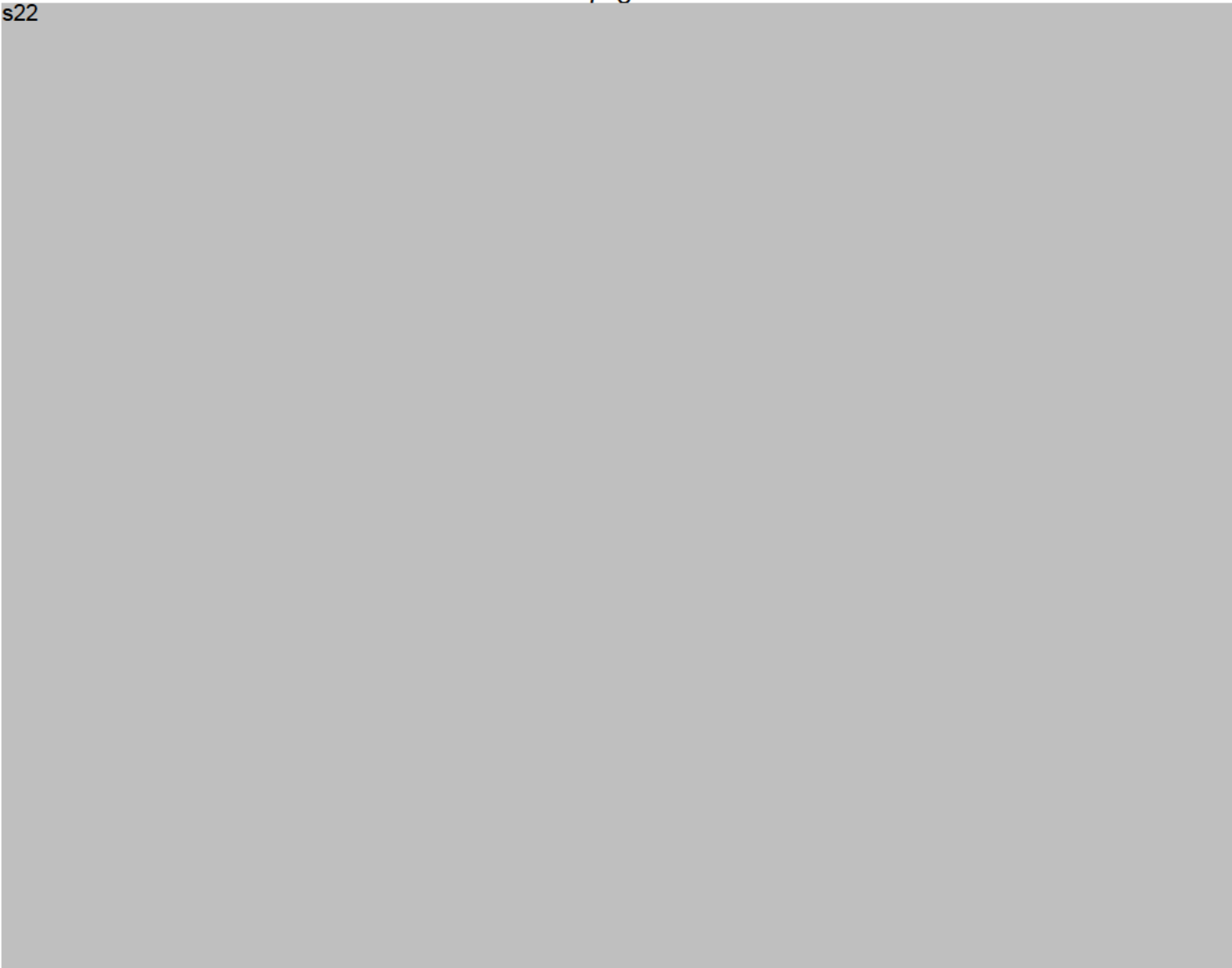
## **CHAPTER 7**

### **HEALTH REQUIREMENTS FOR DIVERS**

s22



s22



**Confirmation of initial dive medical**

s22



s22 The Chief MO (CMO) DFR is the authority for approving funding for these investigations for ab initio candidates.

s22



## Further Medical Evidence information sheet

You have completed your Entry Level Medical Examination (ELME) and an ADF Careers Medical Officer has determined that additional information is required to inform decision making on your occupational medical suitability for ADF entry. You may be eligible for funding through ADF Careers to cover the costs of obtaining this additional information. Details of funding eligibility are contained within this information sheet. It is important that your healthcare provider is aware of these funding guidelines.

### What are the next steps?

Within the next 24 to 48 hours, you will receive an initial email from a Medical Coordinator (MC) who will assist you with obtaining the further medical evidence requested. The email will contain detailed instructions on the process, with the relevant referral/s attached. When you receive the email, please ensure you respond to the MC with the requested information as soon as possible. If you are not sure what is required, please contact the medical section in your region using the email at the end of this document.

### Should I make the appointment with the required health professionals (e.g. GP, specialist)?

Please **DO NOT** book any appointments until you have been contacted by a MC. The MC will provide instruction on how to proceed with your appointments, confirm what is eligible for funding by ADF Careers and assist with booking appointments if required.

### I do not have a specialist yet or I have not seen them for many years? What should I do?

Please respond to the MC's email directly to let them know that you have received their email and would like assistance. They can assist you with contacting your previous specialist or finding a new one.

### What do I do if I want ADF Careers to book and fund the appointment for me?

If you would like your appointment to be arranged for you, please reply to the email from the MC. Your appointment will then be arranged and payment for the appointment will be arranged and made on your behalf, so there should be no out of pocket expenses for you. Please see the exceptions below.

### Which reports may be eligible for funding by the ADF Careers?

If you have been requested to obtain a report from a healthcare professional to assist the ADF Careers Medical Officer in determining your occupational medical suitability for entry into the ADF, the cost of obtaining the report may be eligible for funding.

Importantly, please note that the ADF will not fund any investigation that may result in an adverse outcome for you, including but not limited to the following investigations:

- (i) skin prick test;
- (ii) skin patch test;
- (iii) oral challenge test;
- (iv) stress electrocardiogram;
- (v) stress echocardiogram;
- (vi) bubble study (cardiac)
- (vii) biopsy procedures
- (viii) endoscopy (gastroscopy & colonoscopy);
- (ix) cystoscopy, cystography or cystogram;

- (x) nasoendoscopy
- (xi) any procedures requiring contrast (e.g. CT, MRI);
- (xii) CT coronary angiogram/coronary angiogram; and
- (xiii) genetic testing.

This information has also been provided to your health care provider on your referral letter.

### **Who should I contact if I have more questions?**

Should you have any concerns, please let the MC know when you receive their initial email. In the interim, you are welcome to contact ADF Careers medical section in your region as per below. Please include your candidate ID and address it to Medical Coordinator (MC).

- WA/NT - [medreports\\_per@adfcareers.gov.au](mailto:medreports_per@adfcareers.gov.au)
- QLD - [medreports\\_bris@adfcareers.gov.au](mailto:medreports_bris@adfcareers.gov.au)
- NSW/ACT - [medreports\\_sydney@adfcareers.gov.au](mailto:medreports_sydney@adfcareers.gov.au)
- VIC/TAS/SA - [medreports\\_mel@adfcareers.gov.au](mailto:medreports_mel@adfcareers.gov.au)

OFFICIAL

Defence Force Recruiting –  
Recruiting Services Contract 2022



**Australian Government**

---

**Department of Defence**

Australian Defence Force Recruiting Services  
Statement of Work (SOW)

OFFICIAL

OFFICIAL

Defence Force Recruiting –  
Recruiting Services Contract 2022

TABLE OF CONTENTS

|     |                           |    |
|-----|---------------------------|----|
| 1   | INTRODUCTION .....        | 5  |
| 1.1 | Purpose .....             | 5  |
| s22 |                           |    |
| 2   | GENERAL REQUIREMENTS..... | 7  |
| 2.1 | Scope of Work.....        | 7  |
| s22 |                           |    |
| 6   | RECRUITING PROCESS .....  | 26 |
| 6.1 | Scope .....               | 26 |
| s22 |                           |    |

OFFICIAL

Defence Force Recruiting –  
Recruiting Services Contract 2022

s22



6.7 Medical ..... 30

s22



**OFFICIAL**

Defence Force Recruiting –  
Recruiting Services Contract 2022

**1 INTRODUCTION**

**1.1 Purpose**

---

- 1.1.1 The purpose of this Statement of Work (SOW) is to state the requirements for work to be carried out under the Contract relating to the provision of Defence Force Recruiting (DFR) Services and to allocate work responsibilities between the Commonwealth and the Capability Partner.

s22



**OFFICIAL**

Defence Force Recruiting –  
Recruiting Services Contract 2022

**2 GENERAL REQUIREMENTS**

**2.1 Scope of Work**

---

- 2.1.1 The Capability Partner shall perform all activities necessary for the provision of Services in accordance with this Statement of Work (SOW).

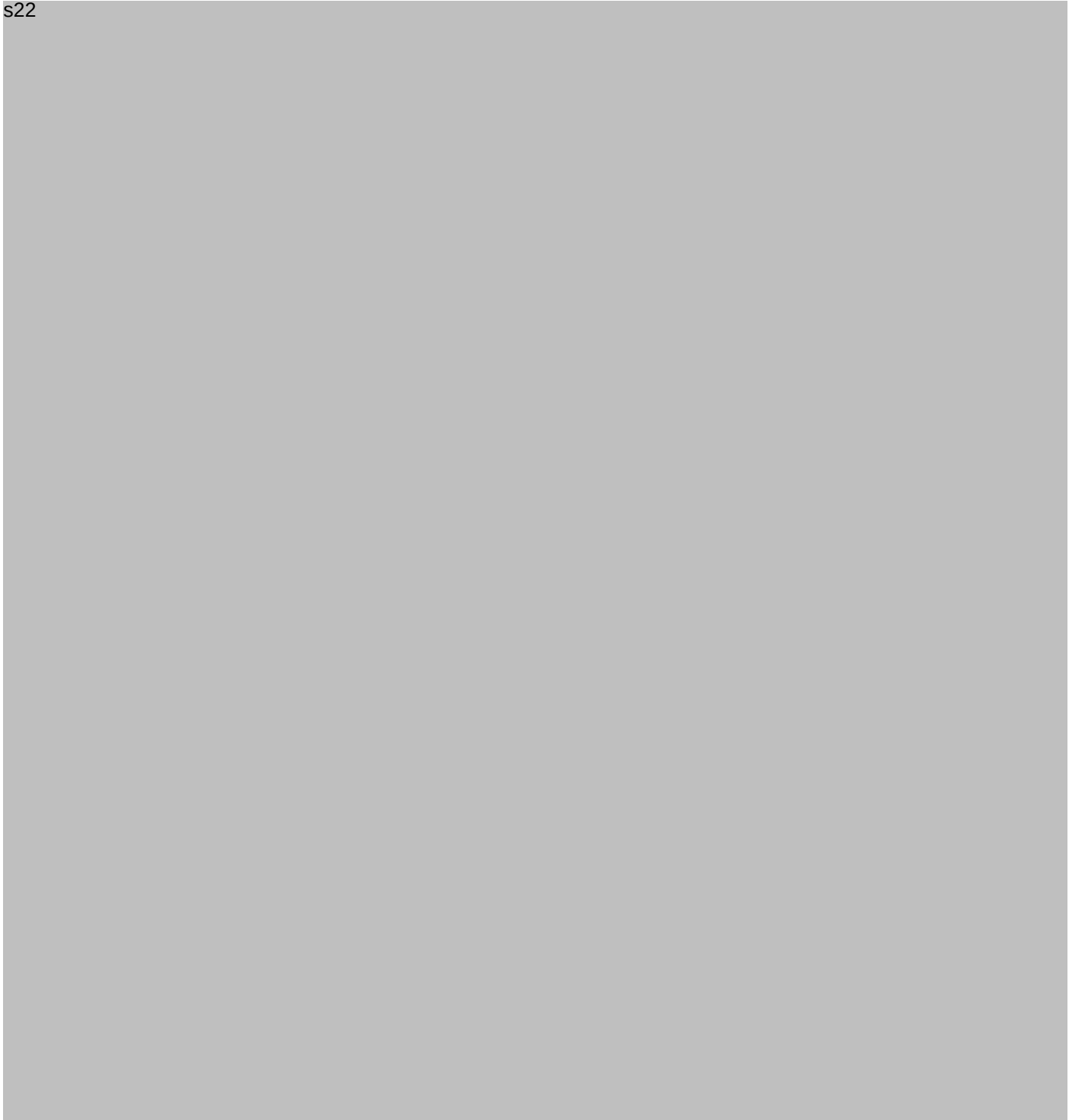
s22



OFFICIAL

Defence Force Recruiting –  
Recruiting Services Contract 2022

s22



---

**6.7 Medical<sup>10</sup>**

- 6.7.1 The Capability Partner shall provide an end to end medical solution, including occupational medical assessment and review from application to the time of Enlistment or Appointment, to support the overall achievement of Performance Measures while maintaining a positive Candidate experience.

---

<sup>10</sup> Amended by CCP-050, effective 30 Jul 2026  
Attachment A to the Conditions of Contract  
EXECUTION VERSION

OFFICIAL

OFFICIAL

Defence Force Recruiting –  
Recruiting Services Contract 2022

s22



- 6.7.3 In relation to a requirement for the Capability Partner to request an external discretionary medical specialist report to determine the occupational suitability of a candidate, the Capability Partner acknowledges that<sup>11</sup>:
- a. While not required to seek Commonwealth financial Approval for external medical services / tests for a candidate, the Capability Partner must endeavour to obtain the best value for money for the Commonwealth; and
  - b. acknowledges that the following procedures are not eligible for funding due to the potential risk of significant adverse outcome or event and shall not be requested for a Candidate without the express written approval of the DFR CMO:
    - (i) skin prick test;

---

<sup>11</sup> As amended by CCP044 effective 22 May 2026

OFFICIAL

**OFFICIAL**

Defence Force Recruiting –  
Recruiting Services Contract 2022

- (ii) skin patch test;
- (iii) oral challenge test;
- (iv) stress electrocardiogram;
- (v) stress echocardiogram;
- (vi) bubble endoscopy
- (vii) biopsy procedures
- (viii) endoscopy (gastroscopy & colonoscopy);
- (ix) cystoscopy, cystography or cystogram;
- (x) nasendoscopy
- (xi) any procedures requiring contrast (eg. CT, MRI)
- (xii) CT coronary angiogram/coronary angiogram; and
- (xiii) genetic testing.

s22



**OFFICIAL**

Defence Force Recruiting –  
Recruiting Services Contract 2022

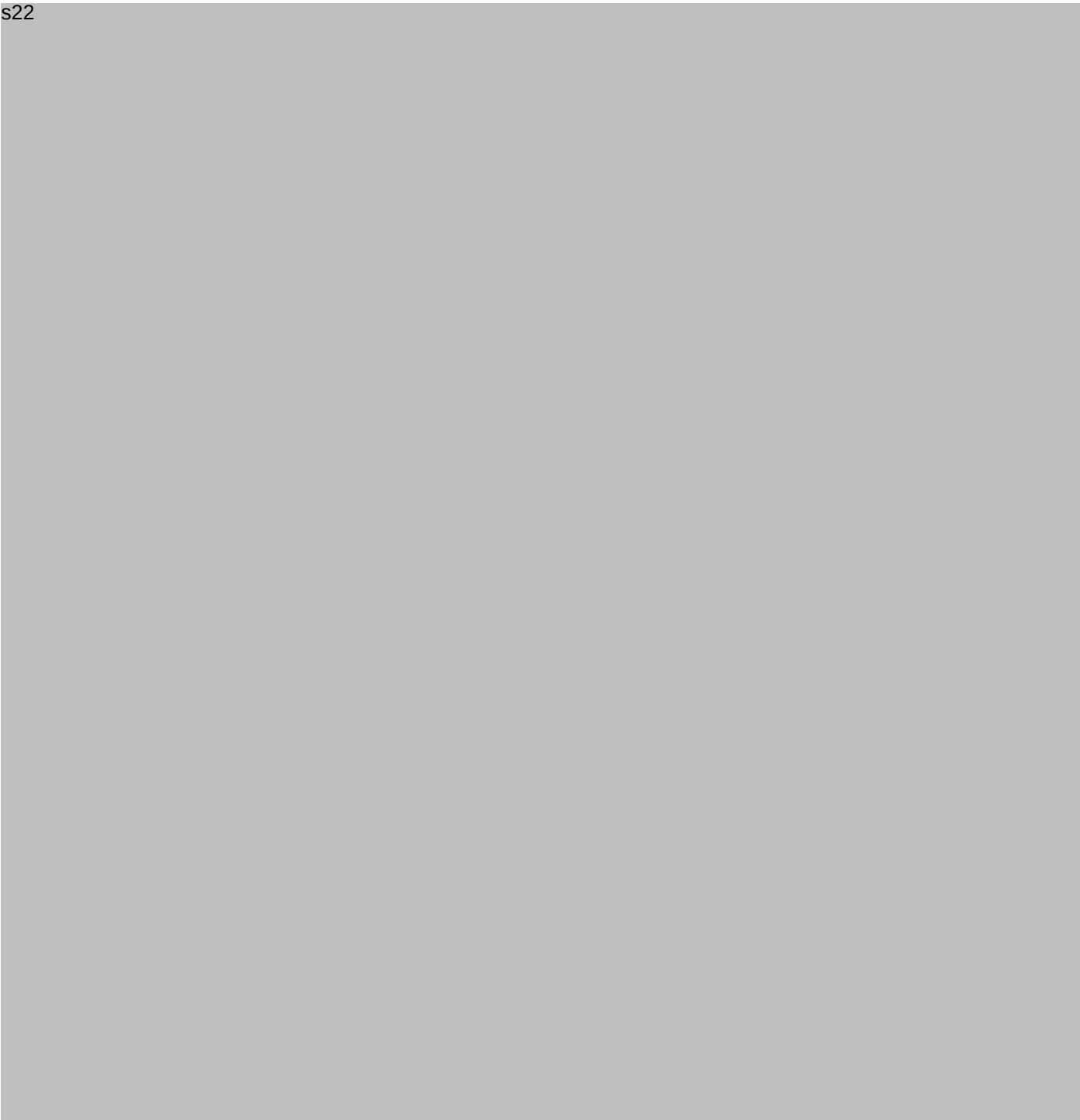
s22



6.7.14 In relation to further medical evidence, the Capability Partner shall<sup>12</sup>:

- a. maintain records for all external mandatory and discretionary medical specialist reports requested as well as the outcome and cost associated with all reports for audit and invoicing purposes;
- b. demonstrate due diligence and undertake quality assurance on third party costs; and
- c. upon request from the Commonwealth, provide the data related to all external mandatory and discretionary medical specialist requests.

s22



OFFICIAL

Defence Force Recruiting –  
Recruiting Services Contract 2022

ATTACHMENT B

PRICE AND PAYMENTS

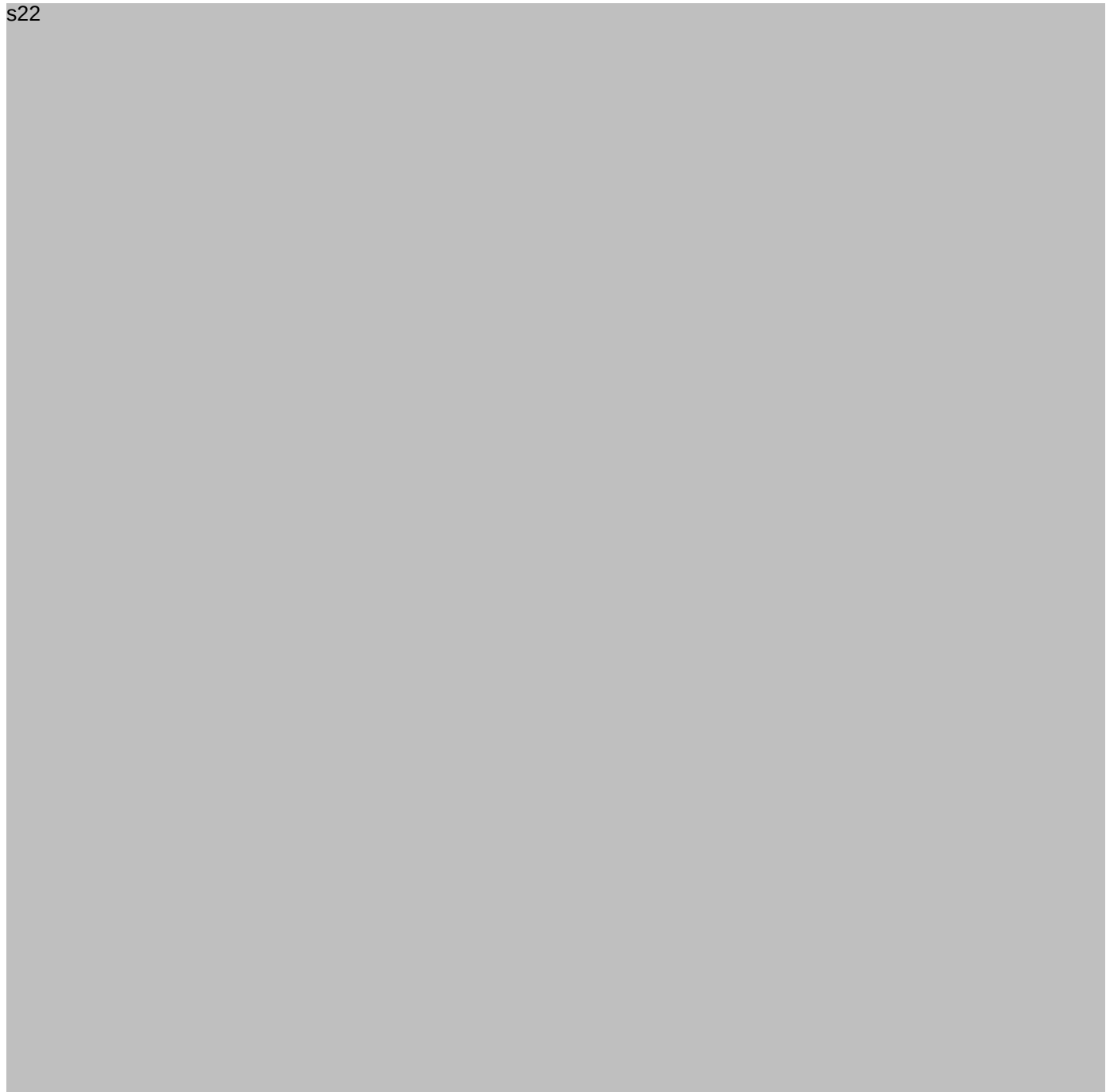
1.1 Attachment B consists of the following Annexes:

s22

A large rectangular area of the document is redacted with a solid grey fill, covering the content of the first list item.

D. Reimbursable Cost<sup>1</sup>;

s22

A very large rectangular area of the document is redacted with a solid grey fill, covering the content of the second list item and the majority of the page below it.

---

<sup>1</sup> Amended by CCP-044, effective 22 May 2026

s22

A rectangular area at the bottom of the page is redacted with a solid grey fill, covering the content of the footnote.

OFFICIAL

Defence Force Recruiting –  
Recruiting Services Contract 2022

**ANNEX E TO ATTACHMENT B**

**REIMBURSABLE COSTS<sup>8</sup>**

**1. INTRODUCTION**

1.1 This Annex D describes the amounts payable by the Commonwealth to the Capability Partner for the :

- a. Delivery of Medical services that may be provided to a Candidate in the course of a medical or psychological assessment for a Candidate, and

s22

**2. REIMBURSABLE COSTS**

2.1 Reimbursable Costs are any expenses for goods and services that the Commonwealth will pay for by way of reimbursement to the Capability Provider.

2.2 Services approved to be reimbursed to the Capability Provider are limited to:

- a. Medical services that may be provided to a Candidate in the course of a medical or psychological assessment for a Candidate;

s22

**3. PAYMENT OF REIMBURSABLE COSTS**

3.1 Reimbursable Costs shall be payable to the Capability Provider on a monthly basis in arrears on provision of supporting evidence which substantiates the cost of:

- a) Medical Services provided to a Candidate in the course of a medical or psychological assessment for a Candidate with no mark-up;

s22

3.2 The Commonwealth reserves the right to refuse to reimburse any Reimbursable Cost which:

- a) is not supported by evidence which substantiates the cost; or

s22

---

<sup>8</sup> Amended by CCP 044, effective 22 May 2026