

AFP Recruitment - Health Assessment Standards

Vision

Component	Standard	Relevant Comments
Binocular vision – both eyes tested together You must be able to see 6/6 with/without glasses	Unaided (no glasses or contact lenses) binocular visual acuity of 6/36 or better and, Binocular visual acuity of 6/6 or better (glasses or contact lenses can be worn)	Glasses must be made from polycarbonate material. Written documentary evidence must be supplied. Contact lenses must be able to be worn for up to 12 hours. Written documentation will be required.
Monocular vision – each eye tested individually You must be able to see 6/9 with/without glasses	Unaided (no glasses or contact lenses) monocular visual acuity of 6/36 or better and, Monocular visual acuity of 6/9 or better in each eye (glasses or contact lenses can be worn)	Candidates who are blind in one eye do not meet the standard
Near vision	Ability to read N8 text, aided if necessary	
Colour vision	Protan colour deficiency of mild-moderate does not meet the standard for AFP Police. It may be considered for a PSO position if not severe. Deutan colour deficiency where the Farnsworth D15 test is passed is likely to meet the standard. You cannot wear tinted lenses to assist with colour deficiency testing. Severe colour deficiency of any type does not meet the standard.	If colour vision deficiency noted, an Optometrist report on type and severity will be required. Candidates with colour vision deficiency that join the AFP will not be suitable for some specialist roles. E.g. Search and rescue
Vision correction surgery	A minimum of 3 months is required following surgery (some will be 6 months) before the standard is met.	A report will be required from the treating doctor if surgery was in the last 6 months.
Retinal detachment and radial keratotomy	Does not meet the standard	A history of these conditions even if repaired will not meet the standard

Hearing

Component	Standard	Relevant Comments
Audiometry - Hearing test	<p>Pure tone thresholds must be equal to or less than 25db in both ears between 500Hz and 3KHz; and equal to or less than 40dB at 4.0KHz in both ears.</p> <p>This standard must be achieved without hearing aids.</p>	<p>If hearing is outside the thresholds, you may want to attend an Audiologist for a complete hearing test at your own cost.</p> <p>Those with a hearing aid or cochlear implant will not meet the standard.</p>
Tinnitus – Ringing in the ears	<p>Mild – moderate tinnitus may meet the standard if the tinnitus does not impair the candidate's ability to hear and understand instructions in a noisy environment, including responding to radio and voice commands</p>	<p>Mild tinnitus that does not affect daily living/sleeping requires a report from the candidates treating doctor.</p> <p>Tinnitus that interferes with daily activities/sleeping requires an ENT specialist letter.</p>

Musculo-Skeletal and BMI

Component	Standard	Relevant Comments
Musculo-skeletal history	<p>Shoulder dislocation (single or recurrent) does not meet the standard. Surgical repair is required to meet the standard.</p> <p>1 x shoulder dislocation greater than 5 years ago may meet the standard.</p> <p>Knee instability/ACL rupture does not meet the standard. Surgical repair is required to meet the standard.</p> <p>Symptomatic osteoarthritis does not meet the standard</p> <p>Unrepaired meniscal tear may meet the Standard</p> <p>Any significant injury or surgery to the musculo-skeletal system including significant knee, back,</p>	<p>12 months must have elapsed following shoulder stabilisation surgery before meeting the Standard.</p> <p>12 months must have elapsed following ACL/ stabilisation surgery before meeting the Standard</p> <p>Report is required from Orthopaedic/Sports Medicine Physician</p>

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	neck and shoulder injuries require an orthopaedic review or neurosurgical review unless there is a lengthy period of demonstrated fitness following injury or surgery.	
Shin splints/medial tibial stress syndrome	A history of shin splint/medial tibial stress syndrome may meet the Standard	Standard may be met providing candidate: <ul style="list-style-type: none"> Has undergone definitive treatment & Can demonstrate a period of 12 months undertaking intensive physical activity without symptoms & Provide a written report from an Orthopaedic/Sports Medicine Physician
BMI	A BMI of less than 33 A BMI greater than 33 has been shown to increase the risk of injury during training	A BMI of less than 20 will be assessed on a case-by-case basis. A BMI over 33 will not meet the standard.

Endocrine

Component	Standard	Relevant Comments
Diabetes Mellitus Please note that the role of a police officer and PSO may include not having access to food, water or medications for up to 12 hours at a time.	Candidates with Type 1 or Type 2 diabetes must demonstrate: <ul style="list-style-type: none"> no hypoglycaemic events in the last 12 months requiring first aid; no organ damage; a HbA1c of eight or less tested on four occasions (at three-month intervals) over the last 12 months 	Report from the treating specialist required. Assessed on a case-by-case basis. May be suitable if can demonstrate diabetes is well controlled. If accepted, would have conditions on employment- annual specialist review and reports, pathology testing. May have restrictions on deployment and overseas options.
Endocrine disorders	Well managed endocrine disorders are likely to meet the Standard.	Report required using including recent pathology results

Gastrointestinal

Component	Standard	Relevant Comments
Hernia	Candidates must be free of hernia.	Report required if less than 6 months since surgical correction
Irritable bowel	Candidates with a history of irritable bowel syndrome are likely to meet the Standard.	GP report required

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Crohn's disease or Ulcerative colitis	A history of Crohn's disease and ulcerative colitis is likely to meet the Standard if the condition is well managed on medication.	Report required. If accepted, candidates with some gastroenterological conditions may not be able to undertake certain roles or be deployed overseas.
Splenectomy	A history of splenectomy is likely to meet the Standard.	Report required. Must provide evidence of recommended vaccines. May affect ability to deploy to malarious regions.

Blood Pressure

Component	Standard	Relevant Comments
Blood Pressure	A blood pressure of less than 140/90 is required to meet the standard.	This can be achieved using appropriate medication if required. A report from your GP will be required if you are on more than one BP medication.

Sleep Disorder

Component	Standard	Relevant Comments
Sleep Apnoea	A history of sleep apnoea requires a recent (last 6 months) report from an appropriate sleep disorder clinic/specialist which includes an Apnoea-Hypopnoea Index score	A report from a Sleep Physician is required and must state their opinion on whether the candidate can safely perform the Inherent Requirements.
Narcolepsy	A diagnosis of narcolepsy may meet the Standard if appropriately managed.	Specialist report required.

Cardiac Conditions

Component	Standard	Relevant Comments
Heart Rhythm Disturbance	Recurrent arrhythmias resulting in syncope (fainting) or pre-syncope do not meet the Standard. For all other arrhythmias, a risk of sudden incapacitation of <1% annually may meet the standard	Specialist report required

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	Arrhythmia managed with anti-coagulant therapy does not meet the Standard. Implanted cardioverter defibrillator use does not meet the Standard.	
Any murmur or abnormal cardiac sound	A diagnosis of valvular disease may meet the Standard.	Specialist report required
Pacemaker	A pacemaker does not meet the Standard if pacemaker dependent.	Specialist report required

Skin

Component	Standard	Relevant Comments
Acne/Psoriasis/Eczema	Likely to meet the standard if well managed	Current use of Roaccutane (Isotretinon) will not meet the standard.

Neurological Conditions

Component	Standard	Relevant Comments
Epilepsy	Candidates are required to be 10 years seizure free. Shorter seizure-free periods may be considered as per the Commercial Driving Standards.	A report from the treating Neurologist is required
Neurodevelopmental disorders – difficulties with language, speech, and basic motor skills. E.g. stuttering, dyslexia, cerebral palsy, ADHD, Autism	Candidates may meet the standard if their condition does not impact their ability to communicate, they can meet cognitive requirements, have behavioural stability and normal strength and mobility. (Inherent requirements)	A report from the treating Specialist is required
Migraines	May meet the standard if not incapacitating and can be well controlled with medication that is non-sedating and non-narcotic	A report from the treating Specialist/GP is required

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Other neurological conditions	May meet the standard	Specialist report required
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Respiratory

Component	Standard	Relevant Comments
Asthma	<ul style="list-style-type: none">Asthma treated with long term oral steroids does not meet the Standard.Non-exercise induced asthma may meet the standard if normal spirometry.A history of childhood asthma meets the Standard if symptom free for three years and demonstrates normal spirometry.	Report form GP required. Candidates with a history of asthma will be precluded from the role of police diver.
Lung disease - Bronchiectasis, cystic fibrosis, emphysema	Unlikely to meet the standard	Specialist report required

Infectious Diseases

Component	Standard	Relevant Comments
Hepatitis B and C	A history of hepatitis B and hepatitis C is likely to meet the Standard.	Specialist report required
HIV	Symptomatic HIV infection is unlikely to meet the Standard. Asymptomatic HIV infection may be suitable but will require further investigation and assessment by an infectious disease specialist.	A specialist report is required that outlines: <ul style="list-style-type: none">DiagnosisEvidence of successful medication regimen and compliance with medical follow-up and;Stability of CD4+ lymphocyte count or percentage.

Malignant disease

Component	Standard	Relevant Comments
Malignant disease (Cancer)	A history of malignant disease successfully treated may meet the standard.	Specialist report required

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	Candidates currently receiving treatment for malignant disease are unlikely to meet the Standard.	
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Blood disorders

Component	Standard	Relevant Comments
Bleeding and clotting disorders Current treatment with anticoagulants Deep vein thrombosis and pulmonary embolism	A history of bleeding or clotting disorders, current treatment with anti-coagulants is unlikely to meet the Standard. A history of serious chronic disease including leukaemia, polycythaemia and myelofibrosis are unlikely to meet the Standard.	Specialist/GP report required
Anaemia	A history of anaemia does not meet the Standard until appropriate treatment/management is achieved.	Specialist/GP report required
Haemochromatosis	A history of chronic blood disorders such as haemochromatosis, are likely to meet the Standard if appropriately managed.	A report from the treating specialist is required and needs to identify appropriate ongoing treatment and include a copy of iron studies less than six months old and provide an opinion on whether the candidate can safely perform the Inherent Requirements

Pregnancy

Component	Standard	Relevant Comments
Pregnancy	Candidates who are pregnant will not meet the standard.	A minimum of 3-6 months post confinement and a report from the candidate's obstetrician will be required

Urinary Conditions

Component	Standard	Relevant Comments
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Bladder and/or kidney issues	Candidates with stage 3 or 4 kidney disease will not meet the standard	Specialist report required for stage 1 and 2 kidney disease
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Medication

Component	Standard	Relevant Comments
Immunosuppressive medication will be assessed on a case-by-case basis.	May meet the standard	Report from specialist required. There may be restrictions on locations to which they may be deployed.
Psychoactive medication	Please refer to the Psychological Assessment section for further information	

Miscellaneous Conditions

Component	Standard	Relevant Comments
Alcoholism and Drug Abuse	A history of alcoholism and drug abuse does not meet the standard.	
Workers Compensation Claims/DVA		A candidate with any history of accepted claim for Worker's Compensation or DVA must provide evidence of case acceptance/closure.

If you have a chronic condition or injury that requires further information/specialist report the following needs to be answered:

- Diagnosis and prognosis
- Treatment given
- Current condition on examination/functional assessment
- Recent relevant investigations/any restrictions required
- Ability to meet the Inherent Requirements