



512 Barry Rd, Coolaroo VIC 3048
Phone: 93097011 Fax: 93023034

NEW COMPANY REGISTRATION FORM

Company Name _____
Recruitment Agency (if applicable) _____
Location Address _____ Suburb _____ Postcode _____
Postal Address _____ Suburb _____ Postcode _____

MEDICAL SERVICES REQUIRED

Only mark the services your company will require regularly. On an occasion when a different service is required, please advise staff at time of booking.

Would you like us to use your company specific paperwork?

- Yes (please email a copy to jennasciola@coolarooclinic.com.au) No

- Work Cover / Injury Management
- Medical
- Audio
- Urine Drug Screen / Alcohol Breath Test
- Spirometry
- ECG
- Chest X-Ray
- Trucksafe Medical
- Dangerous Goods Medical
- Asbestos Medical
- Isocyanate / Crystalline Silica / Silica Medical
- Forklift / Tugger Medical
- Track Safety Medical: Please specify: Category 1 Category 2 Category 3
- Functional Assessment performed by a Physiotherapist
- Other (please list)

DELIVERY OF EMPLOYMENT MEDICAL RESULTS

Please note: Results page only will be sent, unless requested otherwise

Full Name _____ Title _____
Email _____
Phone _____ Fax _____

WORKCOVER / INJURY MANAGEMENT

Full Name _____ Title _____
Email address _____
Phone _____ Fax _____

ACCOUNTS

Full Name _____ Title _____
Email address _____
Phone _____ Fax _____