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Recruit
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Queensland Police Service **RECRUITING SECTION**

QPS Health Standards (Extract only)

****Information contained within this document should be used as a guide only. This extract does not contain all components of the QPS Health Standards.***

The Queensland Police Service (QPS) requires recruits and police officers to perform their duties without detriment to the safety and welfare of themselves, other members of the Service or members of the public. Consideration needs to be given to many factors including: access to medication, treatment or equipment, the aggravation of existing medical conditions, and the risk imposed upon other police officers or the general public while remaining operationally effective during adverse and/or unpredictable conditions, sometimes for extended periods of time.

A person must demonstrate sufficient physical and mental fitness to meet the genuine occupational requirements and demands of a general duties police officer.

Genuine Occupational Requirements of a General Duties Police

GENERAL REQUIREMENTS

- Maintain operational safety under varying/unpredictable work conditions.
- Maintain public order, exercise police powers, investigate incidents.
- Deal with uncooperative/aggressive people.
- Manage incidents involving significant conflict or emotional distress.
- Exercise authority and give directions, using discretion and coercive force when necessary.
- Patrolling and/or driving for prolonged periods of time whilst wearing an equipment belt weighing approximately 7kg.

PHYSICAL REQUIREMENTS

- Wear an accoutrements belt carrying approximately 7kg of equipment.
- Wear a load bearing vest weighting for entire shifts.
- Wear a bullet proof vest weighting up to 10kg when necessary.
- Physically restrain individuals and utilise self-defence techniques where necessary.
- Walking long distances while performing beat duties.
- Standing for lengthy periods for example while on traffic duty or guarding a crime scene.
- Withstand physical assault from another person.
- Wrestle with and physically restrain a person.
- Safely handle a firearm while on duty.
- Climb stairs to ascend more than one story of a building.
- Overall strength and co-ordination to restrain a suspect while applying handcuffs.
- Lift, restrain, push, pull non-compliant persons or bodies of any weight without assistance.
- Physical agility to run, crawl, crouch, reach and twisting of head and back during situations.

COMMUNICATION REQUIREMENTS

- Adapt communication style to suit different situations, including noisy environments.
- Adapt communication strategies to meet client needs.
- Read and comprehend written communication.
- Deal with challenging people.
- Prepare forms, correspondence, and legal briefs of evidence.

OBSERVATION AND MEMORY SKILLS

- Hear and comprehend information without eye-view of the speaker.
- Long range visual acuity, short range visual acuity and colour vision.
- Ability to effectively apply relevant aspects of legislation, policies and procedures.

RESILIENCE AND ADAPTABILITY

- Perform shift work over a 24-hour rotating roster, which may not be conducive to regular breaks.
- Perform shift of between 8 to 12 hours duration (or longer if overtime is worked).
- Ability to operate effectively in stressful and physically demanding situations.
- Cope with irregular meal and toilet breaks during a shift.
- Mental ability to manage and deal with stressful, traumatic, and hazardous situations.
- Ability to deal with challenging and/or emotional people.
- Deal with general physical abuse, verbal abuse, and aggressive behaviour.

Determining Medical Suitability

The process to assess an applicant's suitability to become a QPS recruit/officer, including the Pre-Employment Medical Screening (PEMS) assessment stage, is based on an applicant's ability to meet the genuine occupational requirements and demands of a Queensland general duties police officer. Any medical condition which could suddenly and/or unexpectedly render a person incapable of carrying out the duties of a police officer, or prevent them from automatically performing those duties, may make the applicant unsuitable in terms of their physical and mental fitness. When determining merit in relation to meeting the QPS Health Standards, the PEMS provider also need to consider information relating to any identified medical condition which may/will have an impact on an individual over time.

The following **critical factors** must be considered where a medical condition is identified:

- Is the medical condition prone to sudden deterioration which may render the applicant suddenly and/or unexpectedly incapable of undertaking duties?
- Is the functional ability or safety and welfare of the applicant dependent on uninterrupted access to treatment, special dietary concession, aids, or equipment?
- Will the medical condition allow the applicant to remain operationally effective under adverse or abnormal conditions for extended periods of time?
- Could the medical condition expose other police officers or members of the public to a risk of serious harm and/or injury?
- Could the performance of policing duties be expected to aggravate an existing medical condition?
- Will the medical condition allow the uninterrupted completion of the physical training program?

Where the provider is able to make a determination on the medical fitness of an applicant in accordance with the Health Standards, they will then advise QPS Recruiting of a classification in line with the QPS Health Standards - 'Fit for Policing', or 'Not Fit for Policing'. In the case where a condition is identified and the PEMS provider does not have the required information to make a final determination in accordance with the Health Standards within a reasonable time frame, the PEMS provider will advise QPS Recruiting that their determination is 'Otherwise – Unable to Classify'. In these cases, the associated recruit application is to be ceased until such a time that sufficient evidence, as outlined within the Health Standards, is provided to the PEMS provider for a determination to be made.

Note: The individual Health Standard components (Physical Health and Mental Health) are very specific, with fixed criteria. If the standard clearly indicates that a person does not meet a component of the Health Standards, then the critical factors cannot be used to determine suitability. Suitability must be made in accordance with the components of Health Standards.

Specialist reports

To assist the medical provider (and QPS) in determining suitability, some additional information or reports may be required from relevant medical specialists. It is important that the health care professionals provide sufficient information/reports that adequately address the below points, with consideration given to the Genuine Occupational Requirements, Critical Factors, and Health Standards which are detailed in this QPS Health Standards (Extract only) document.

Additional medical reports should address the following points:

- Details regarding the condition/injury.
- Onset of condition/injury.
- Cessation of condition/injury or a notation that the condition is ongoing.
- Cause.
- Symptoms.
- Diagnosis.
- Treatment.
- Risk of re-injury/re-aggravation of condition/injury in comparison to the general population.

In addition to the above, the below points should also be considered regarding general expectations of a specialist report:

- It is preferable for specialist reports to confirm that the specialist provider has been provided with and has considered the QPS Health Standards Extract (the specialist may wish to annex this to their report to confirm their knowledge of the document in providing their opinion to the PEMS provider).
- Generic specialist reports, which do not address the QPS Health Standards Extract, including the critical factors, may carry less weight and may be less persuasive in demonstrating an applicant's suitability to the PEMS provider.
- The QPS Health Standards Extract provides guidance to applicants to ensure that the information provided to support their application is not simply a 'point in time' assessment of their health but, as far as possible, provides information about how their identified medical condition may/will be impacted (or not) over time.
- Reports from specialist health care professionals may have more weight than general health care professionals.
 - For example, reports from Physiotherapists can be of assistance to the PEMS provider however, in general, a report from an Occupational Therapist would have more weight.
- PEMS providers can supply applicants with referrals to a specialist, or alternatively, applicants may seek their own specialist referral from their General Practitioner.

Physical Health Standards

Vision

Component	Standard	Relevant Comments
Monocular vision	Visual acuity greater than or equal to 6/9 in the better eye, with correction if needed; must be a minimum of 6/36 uncorrected.	May still be considered with a report from a specialist.
Binocular acuity - distant	Applicants must have a corrected binocular visual acuity of 6/6 with a corrected visual acuity of 6/9 in the better eye.	May still be considered with a report from a specialist.
Binocular acuity - near	Corrected near vision must be N8.	The visual correction must either be contact lenses or glasses.
Colour vision	Colour vision anomaly is screened for using the 24 plate Ishihara test with 4 or more errors constituting a failure. If abnormal, further colour vision testing is required using the Farnsworth D15 test.	If the Farnsworth D15 test result is abnormal, the applicant will require referral to a specialist ophthalmic practitioner for further assessment. Colour correction lenses (contacts or spectacles) are not permitted.
Peripheral vision	Greater than 70 degrees either side of the meridian horizontally and greater than 20 degrees vertically above and below the horizontal.	
Stereopsis	Minimum degree of binocular fusion and stereopsis must be 40 seconds of an arc on a screening test.	Applicants can be assessed by an ophthalmologist for cause and possible correction.
Diplopia (double vision)	Does not meet the standard.	
Other eye conditions including acuity corrective surgery		All candidates who have undergone LASIK and LASEK Eye Surgery, must wait 3 months post surgery before being cleared medically fit. A report from the treating doctor is required.

Hearing

Component	Standard	Relevant Comments
Audiometry	Pure tone thresholds must be ≤ 35 db in both ears at each of the following frequencies - 500Hz, 1KHz, 2KHz, 3KHz, 4KHz. This standard must be achieved without hearing aids.	Failure to meet the above standard will require consideration of the supplementary criteria. Supplementary criteria – Additional noise discrimination testing carried out with a signal to noise ratio of +10dB over a background noise of 70dB, with a minimum accuracy level of 90% (unaided or with hearing aids if used).

Musculo-Skeletal and BMI

Component	Standard	Relevant Comments
Musculo-skeletal history	Shoulder dislocation (single or recurrent) does not meet the standard. Surgical repair is required to meet the standard. Knee instability does not meet the standard. Surgical repair is required to meet the standard. An unrepaired ACL rupture does not meet the standard. Any significant injury or surgery to the musculo-skeletal system including significant knee, back and shoulder injuries require an orthopaedic review or neurosurgical review unless there is a lengthy period of demonstrated fitness following injury or surgery.	Applicants with single or recurrent shoulder dislocation or knee instability and has received surgical repair, must have returned to full activity over at least a year; and the treating surgeon certifies there is no increased risk of re-injury. Applicants who have had shoulder or knee reconstruction within the last five years require a report from an Orthopaedic surgeon.
Shin splints/medial tibial stress syndrome	A history of medial tibial stress syndrome must be resolved prior to clearing the medical assessment.	
BMI		BMI is used as a screening test only and is not, in itself a criterion for exclusion. Any applicant with a BMI at end of range (low or high) should be carefully screened. Waist circumference and evidence of the applicant's fitness (including the meeting the fitness standards) is also considered as part of the screening process.

Endocrine Disorders

Component	Standard	Relevant Comments
Insulin dependent and Non insulin dependent diabetes	HbA1c in the range of 6.1 – 8.0 for a period of 12 months (tested on four occasions at three-month intervals). No hypoglycaemic events in the last 12 months. No end organ damage.	Applicants who have an insulin pump for the treatment of type 1 diabetes may be suitable provided the person can demonstrate a well-controlled hypoglycaemic history whilst using the insulin pump therapy. A report from the treating specialist is required.

Neurological Conditions

Component	Standard	Relevant Comments
Epilepsy	A period of 2 years without seizures and medication free is required.	The treating neurologist must complete a report.
Migraines or persistent headaches	Migraines and persistent headaches must be controlled, and the applicant will be required to demonstrate no prolonged periods of incapacity.	Persistent migraines or headaches during the past two years require further information in the form of a report from a treating doctor.

Blood Pressure

Component	Standard	Relevant Comments
Systolic blood pressure	A systolic blood pressure which is greater than 140mmHg must be referred for assessment.	Treated hypertension may meet the standard if undertaking treatment (nil adverse side effects). A report from a treating doctor is required.
Diastolic blood pressure	A diastolic blood pressure that is greater than 90mmHg needs to be referred for assessment.	

Cardiac

Component	Standard	Relevant Comments
Any murmur or abnormal cardiac sound	These are documented and a letter of advice, in which there is a request for diagnosis.	An echo-cardiogram diagnosis and if appropriate, measurement of cardiac function is required. If there is any dysfunction, then a cardiologist report is required.
Cardiac rhythm disturbances	Recurrent arrhythmias resulting in syncope or pre-syncope do not meet the standard.	The treating general practitioner or cardiologist must complete a comprehensive report.
Pacemaker	An assessment of the probability of a syncopal attack or other incapacitating event must be evaluated.	A report from the treating cardiologist will be required.

Sleep Disorder

Component	Standard	Relevant Comments
Narcolepsy and sleep apnoea	Inadequately treated narcolepsy or sleep apnoea is incompatible with general duties policing. The applicant will be unsuitable until the condition is adequately treated.	An Epworth Sleepiness Scale or the equivalent validated instrument must be administered as part of the medical assessment. A report will be required from the treating specialist.

Respiratory

Component	Standard	Relevant Comments
Past or current history of asthma	Asthma treated with oral corticosteroids does not meet the standard. Asthma with a low dose inhaled preventative is likely to meet the standard if spirometry is normal.	Each case needs to be assessed on the history and examination.

Infectious Diseases

Component	Standard	Relevant Comments
SARS-CoV-2	Acute infection with SARS-CoV-2 does not meet the standard. Previous history and full recovery meet the standard.	
Hepatitis B	Infection with blood-borne virus would not preclude entry unless associated symptoms that could interfere with operational duties.	HEP B immunisation required. Recruiting provides additional information to applicants.
HIV-AIDS	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.	

Cancer

Component	Standard	Relevant Comments
Cancer	Must be free of disease and no longer receiving treatment.	A report from the treating doctor / specialist must confirm the applicant is not impaired by any side-effects from treatment and can undertake the genuine occupational requirements of policing.

Allergies

Component	Standard	Relevant Comments
Allergies (including food and drug allergies)	Used as a screen test only and is not, in itself a criterion for exclusion. Any allergies must not interfere with the applicant's ability to perform the duties of a police officer.	A report from a treating doctor may be required.

Gastrointestinal, Urological, & Pregnancy

Component	Standard	Relevant Comments
Hernias	Applicants must be free from hernias. If they have had surgical correction, it must be at least 3 months post-surgery before clearing the applicant.	If a hernia is suspected, a surgical consultation is required to confirm the diagnosis and to correct the condition. Post-surgery clearance is required from the treating doctor.
Irritable Bowel Syndrome	Likely to meet the standard if there is no functional impairment.	A report from a treating doctor will be required.
Crohns Disease or Ulcerative Colitis	Likely to meet the standard if recovered or on treatment with no restrictions.	A report from a treating doctor will be required.
Urinary System	Renal and Urological conditions would preclude suitability only if they were likely to significantly interfere with recruit training or general duties policing.	A specialist report will be required.
Pregnancy	Applicants who are pregnant are unsuitable until after confinement.	

Medication

Component	Standard	Relevant Comments
Prescribed medication	A report must be available from a medical practitioner.	Consideration is given to any warnings in relation to driving, machinery and alertness.
Psychoactive medication	Applicants taking psychoactive medication, in particular anti-depressants and sedatives would be unsuitable. Applicants must be two years medication free.	

Mental Health Standards

It is essential that applicants are free of any mental illness, psychological symptoms or cognitive disability that would prevent them from performing general police duties with the Queensland Police Service (QPS).

The mental fitness standards for joining the QPS are quite stringent. Persons who have a psychiatric or psychological condition which would otherwise prevent them from performing unrestricted operational duties cannot be selected for employment. These standards have been set not only to protect the QPS and its existing members, but also to protect applicants and their future health by avoiding the risk of relapse or symptom reaggravation of previous mental health conditions/symptoms, which may be aggravated by the psychological demands of policing duties.

Applicants must demonstrate they are not currently suffering any psychiatric/psychological condition/s, disorder/s or experiencing any symptoms. The risk of exacerbation of any previous mental health condition/symptoms must not be significant. As a **general guideline**, applicants need to demonstrate two years of stability (i.e. cessation of all symptoms) and off treatment before being deemed suitable to meet the occupational requirements of a police officer. For more significant and/or ongoing conditions, this period is longer.

Although a two-year period of stability (i.e., absence of symptoms and treatment) is cited as a general guideline for determining an applicant's psychiatric fitness, it is acknowledged that the specific timeframe will vary on a case-by-case basis depending on the nature, severity, duration, treatment and future prognosis of each person's mental health history. Any history of Psychosis, Major Depression, Major Mood Disorder or other major significant psychiatric illness **MUST** have been stable for 5 continuous years.

Where there is a recent history or symptoms of psychiatric, psychological or mental health condition/s, a comprehensive written report from the applicant's treating psychiatrist, psychologist or mental health practitioner will be required. The report will need to address the following points:

- The nature of the psychiatric, psychological or mental health condition (e.g., suspected or established diagnosis);
- The duration of the psychiatric/psychological condition, including onset and cessation dates;
- The severity of the psychiatric/psychological condition, including impacts on personal, academic, occupational and social functioning;
- The treatment of the psychiatric/psychological condition, including type (e.g., counselling, medication, hospitalisation) and duration (onset and cessation dates);
- The risk of relapse and/or exacerbation of the psychiatric/psychological condition;
- The current level of risk of harm (to the person and/or others) if the person is exposed to the psychological and physical operational stressors of policing; and
- Any other risk and/or protective factors that may impact the person's ability to perform the genuine occupational requirements of an operational police officer.

The applicant's treating psychiatrist, psychologist, or mental health practitioner must also complete the 'QPS Psychiatric Assessment Form', which is available from the approved PEMS provider at time of completing the medical assessment. This includes consideration of the genuine operational requirements of general duties policing, including, but not limited to:

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| • Physical abuse and aggression | • Verbal abuse and aggression | • Exposure to death or life-threatening injury |
| • Observation of mutilated corpses | • Investigation of domestic violence | • Investigation of child abuse, torture and paedophilia |
| • Body fluid contact | • Risk of contracting blood borne infections | • Needlestick injury |
| • Unpredictable working hours and continuous shift work | • Gunfire | • Use of firearms |

In some instances, applicants who declare a specific event in the last two (2) years (e.g. relationship breakdown, bereavement, job loss) resulting in **short-term mental health treatment (i.e., counselling)** may meet the standard if:

- a. A specified event (cause/mechanism of injury) is identifiable;
- b. The applicant demonstrates full recovery and insight;
- c. Report from treating medical practitioner or psychologist supports the aforementioned; and
- d. There is no other history of mental health condition.

Mood Disorder

Component	Standard	Relevant Comments
Diagnosed with, or experienced symptoms of Major Mood or Affective Disorders	A person who has been diagnosed with, or experienced symptoms of, a major mood disorder must obtain a comprehensive report from their treating psychologist, psychiatrist or mental health practitioner. The person must demonstrate that: a) they are fully asymptomatic and off all treatment (e.g., medication, therapy, counselling, etc.) and b) the risk of relapse or symptom reaggravation is not significant. In addition, the person must be able to cope with the psychological demands of general duties policing.	The psychiatrist/psychologists' report must specify the nature, duration and severity of the disorder, alongside information about any treatment (e.g., medication, therapy) and side-effects. Any history of relapse and/or a prolonged period of depressive symptoms will increase the level of risk and may therefore require a longer period of stability than 2 years.

Anxiety Disorder

Component	Standard	Relevant Comments
Diagnosed with, or experienced symptoms of Major Anxiety Disorders including, but not limited to, Generalised Anxiety Disorder, Obsessive-Compulsive Disorder, and Post-Traumatic Stress Disorder	A person who has been diagnosed with, or experienced symptoms of, a major anxiety disorder must obtain a comprehensive report from their treating psychologist, psychiatrist or mental health practitioner. The person must demonstrate that: a) they are fully asymptomatic and off all treatment (e.g., medication, therapy, counselling, etc.) and b) the risk of relapse or symptom reaggravation is not significant. In addition, the person must be able to cope with the psychological demands of general duties policing.	The psychiatrist/psychologists' report must specify the nature, duration and severity of the disorder, alongside information about any treatment (e.g., medication, therapy) and side-effects. Any history of relapse and/or a prolonged period of depressive symptoms will increase the level of risk and may therefore require a longer period of stability than 2 years.

Adjustment Disorders

Component	Standard	Relevant Comments
Diagnosed with, or experienced symptoms of adjustment disorders including, but not limited to, subtypes with Depressed Mood, Anxiety, Mixed Anxiety and Depressed Mood	A person who has been diagnosed with, or experienced symptoms of, an adjustment disorder must obtain a comprehensive report from their treating psychologist, psychiatrist or mental health practitioner. The person must demonstrate that: a) they are fully asymptomatic and off all treatment (e.g., medication, therapy, counselling, etc.) and b) the risk of relapse or symptom reaggravation is not significant. In addition, the person must be able to cope with the psychological demands of general duties policing.	The psychiatrist/psychologists' report must specify the nature, duration and severity of the disorder, alongside information about any treatment (e.g., medication, therapy) and side-effects. In particular, the report should include information pertaining to the person's concentration levels, attention span, impulsivity, emotional and behavioural control, and propensity for self-harm. Any history of relapse and/or a prolonged period of depressive symptoms will increase the level of risk and may therefore require a longer period of stability than 2 years.

Psychotic Disorders

Component	Standard	Relevant Comments
Diagnosed with, or experienced symptoms of psychotic disorders including, but not limited to, delusional disorder, Schizophrenia, or other thought disorders or hallucinations	Any person who has been diagnosed with, or experienced symptoms of, a psychotic disorder will be deemed unsuitable to perform the genuine occupational requirements of a police officer.	If the psychotic disorder was acute, mild intensity, defined by a specific precipitating cause, rapidly resolved with treatment, and/or ceased more than two (2) years ago, the case may be considered. The person must demonstrate that they have been fully asymptomatic and functioning effectively without any treatment for at least two years. Additionally, the risk of relapse or reaggravation of previous symptoms must not be significant.

Attention-Deficit/Hyperactivity Disorder

Component	Standard	Relevant Comments
Diagnosed with, or experienced symptoms of: Attention-Deficit Disorder (ADD) Attention-Deficit Hyperactivity Disorder (ADHD)	Any person who has been diagnosed with, or experienced symptoms of this condition must obtain a comprehensive report from a psychiatrist or psychologist specialising in this specific disorder. Ordinarily, the person must be able to demonstrate that: a) they are fully asymptomatic and off treatment (e.g., medication, therapy, counselling, etc.) for a minimum period of two years; and b) the risk of relapse or symptom reagravation is not significant.	The psychological report must specify the nature and severity of the disorder, alongside information about any treatment (e.g., medication, therapy) and side-effects. The report should also outline the extent to which inattention and impulsivity is typically manifest in social, academic, and occupational settings.
Medication	All medication must be ceased for at least two years.	

Learning Disorder

Component	Standard	Relevant Comments
Diagnosed with, or experienced symptoms of learning disorder including, but not limited to, Dyslexia	Any person who has been diagnosed with, or experienced symptoms of, a learning disorder must obtain a comprehensive report from a psychiatrist or psychologist specialising in this specific disorder. Ordinarily, the person must be able to demonstrate that they are not suffering from any significant functional impairments (e.g., no marked deficits in literacy, learning/ training capability, academic performance, etc.)	The psychiatrist/psychologists' report must specify the nature and severity of the disorder, alongside information about any treatment (e.g., medication, therapy) and side-effects. In particular, the report must specify how the person's current academic functioning compares to the general population given the person's chronological age, measured intelligence, and age-appropriate education.

Pervasive Developmental Disorders

Component	Standard	Relevant Comments
Diagnosed with, or experienced symptoms of pervasive developmental disorders including, but not limited to, Autism and Asperger's Syndrome	Any person who has been diagnosed with, or displayed symptoms of, a disorder such as Autism or Asperger's will be deemed unsuitable to perform the genuine occupational requirements of a police officer.	

Other Psychological Conditions

Component	Standard	Relevant Comments
Diagnosed with, or experienced symptoms of other psychological conditions. This includes, but is not limited to, the following: Substance Dependence, Impulse-Control Disorders, Eating Disorders, Personality Disorders, Self-Harm Behaviours, etc.	Must obtain a comprehensive report from a psychiatrist, psychologist or mental health practitioner.	A report from the treating psychiatrist, psychologist or mental health practitioner will be required where a recent (i.e., < 5 years ago) history of psychological issues is declared. Generally, a person will need to be asymptomatic and off treatment for a period of at least two years. Additionally, the risk of relapse or reaggravation of previous symptoms must not be significant.
Counselling, therapy, or psychotropic medication	A person who has consulted or received treatment from a psychiatrist, psychologist, counsellor, social worker, or other mental health practitioner (including general practitioner in some cases) for a psychiatric/psychological condition not covered by the aforementioned categories must be asymptomatic. Additionally, the risk of relapse or reaggravation of previous symptoms must not be significant. A person who has not suffered any psychiatric/psychological symptoms but rather undertook counselling for issues unrelated to a mental illness or disorder (e.g., career guidance, marriage or grief counselling, etc.) will typically not be considered as unsuitable and the two-year guideline may not apply. Each person will be evaluated on a case-by-case basis.	A comprehensive report from the treating psychiatrist, psychologist, counsellor, social worker, or mental health practitioner is required. The report must specify the nature, rationale, duration and severity of the treatment (i.e., medication, therapy, counselling, etc.) and/or mental health condition, alongside information about any other interventions or precautions that were required. Information about the risk of relapse and future exacerbation of symptoms is also requested.
Hospitalisation (treatment for a mental illness or psychological problem, either as an inpatient or outpatient)	A person who has been admitted to a hospital (either voluntary or involuntary) for a psychiatric or psychological condition, or treated as an outpatient at a psychiatric hospital, must be asymptomatic for a minimum of two years. In addition, the risk of relapse or symptom reaggravation must not be significant.	A comprehensive report from the hospital's psychiatrist, psychologist or mental health professional is required. The report must specify the nature, duration, and severity of the mental health issue, alongside information about any treatment (e.g., medication, therapy) and side-effects.