### CONFIDENTIAL

### **Dear Applicant**

In the interests of your ongoing health and wellbeing, and as a condition of your employment, you are required to attend an assessment of your fitness to undertake rail safety work.

This health assessment is guided by the National Standards for Health Assessment of Rail Safety Workers (October 2012) as set by the National Transport Commission.

Please bring with you before attending the health assessment:

- All information relating to any current and pre-existing medical conditions (i.e. specialist reports, diabetes management plans, fitness for work plans, weight management plans etc.);
- Prescription glasses (if you wear them);
- Hearing aids (if you use them);
- A list of your current medication/s? (if you are unsure take the packets with you).

### Please also bring with you:

- Photographic ID (Driver's Licence / Passport etc.)
- This health questionnaire with sections 2 and 3.1 to completed by you

For purposes of testing drug screening; a urine sample may be required during the health assessment.

Do not be exposed to loud noise 16 hours prior to audiometric testing.

If the examining health professional finds that you do not meet all relevant medical criteria that the standard requires, you will be advised of recommended action you will need to take and the amount of time you have to complete the actions.

The examining Health Professional is <u>not permitted and will not treat any medical condition</u>, but may provide you a letter to give to your own treating General Practitioner and Medical Specialist (if required).

## **HEALTH ASSESSMENT FORM**

# **CATEGORY 3** (Around the Track Personnel Operating in an Uncontrolled Environment)

## **SECTION 1: EMPLOYER TO COMPLETE**

1.1 Employee/Applicant Details							
Surnai	me:		First Names:				
Depot/	Location:		Current Position:				
Service	e Number:		Date of Birth:				
1.2 En	nployer Details						
Superv							
Date N	ledical Request	:	Phone:				
Accou	nt to be sent to:						
Result	s to be sent to:						
1.3 He	alth Assessmen	t Appointment Details					
Health	Professional:						
Addres	SS:						
Phone	:		Fax:				
Appoin	tment Date:			intment Time: arrive 15 mins prior)			
Tests F	Required:	<b>⊠Breath/Blood Alcohol Level</b>	(please arrive 15 mins prior) <b>☑ Urine Screening</b>				
		⊠Audiometry					
1.4 De	scription of Duti	ies (or see attached Job Descript	ion or	Task Risk Assessment)			
☐ Ra	il Safety Worker	Risk Assessment Attached					
Descri	ption:						
1.5 Type of Assessment Required:							
	Pre-employmen	nt / Change of Category Health Asse	essmer	t			
	Periodic Health	Assessment					
	Triggered Healtl	h Assessment (specify reason):					
	Other (Specify):						

# SECTION 2: PERMISSION FOR EMPLOYEE/APPLICANT HEALTH INFORMATION DISCLOSURE

# DISCLOSURE OF HEALTH INFORMATION AND INDICATION OF EMPLOYEE'S UNDERSTANDING OF HOW THEIR HEALTH INFORMATION IS REPORTED, STORED AND ACCESSED.

The examining Health Professional will retain all health assessment results. The details of the employee's / applicant's health assessment will remain confidential.

Other than the above, no information will be disclosed to any other person or organisation without your written permission, except where:

- A notifiable disease is diagnosed which must, by law, be reported to the state authorities;
- A report is subpoenaed by a court of law, or
- The rail safety regulator (or another person) is required to conduct an inquiry into a railway accident or incident.

You have the right to access your health records, including those held by the examining Health Professional.

#### **IMPORTANT**

If the examining Health Professional finds or suspects an urgent health issue or if they require you to undergo further investigation, testing, or development of management plans with your GP, the Health Professional may wish to contact your own GP.

You have the right to refuse permission for the current medical practitioner from contacting your GP however; this may result in your health assessment being delayed.

· · ·	<ul> <li>permission for the examining Health Professional to contact my treating ation relating to my current health status.</li> </ul>
Please provide details: Your contact	phone number: ( )
Your GP phone number: ( )	
Your GP address:	
Your Health Professional/Specialist p Your Health Professional/Specialist a	hone number (if applicable): ( )ddress:
l,(print name)	certify that I have read and understood the above information.
Signature:	/ 20

## SECTION 3: EMPLOYEE/APPLICANT TO COMPLETE

### 3.1 Safety Worker – Health Questionnaire

The following questions must be completed in order to help assess your fitness to work.

Please answer the questions by ticking the appropriate box or circling the appropriate response. If you are not sure, leave the question blank and ask the examining health professional what it means.

The health professional will ask you more questions during the assessment.

All questions must be answered truthfully.

Δre	you currently being treated by a doctor for any illness or injury? (Please note brief details)	Ye:
—	you currently being treated by a doctor for any niness of injury: (rease note the details)	
	you receiving any medical treatment or taking any medication (prescribed or otherwise)? ease take any medications with you to show the doctor) (Please note brief details)	Yes
 	you smoke or have been a smoker	Yes
If you	ou are an ex-smoker when did you quit? v much did/do you smoke?	
	you use illicit drugs? es, please state drugs used and frequency	Ye:
	r Cylindring Carallege on Only	
r0I	Have you experienced difficult completing any tasks required for your work (eg. Walking on hallost, bearing train instructions)	No
5.1	ballast, hearing train instructions).	□ NI-
<ul><li>5.1</li><li>5.2</li></ul>	Have you been involved in any accidents or near misses at work in the period	No

### 3.2 Instructions To the Examining Health Professional

- You are requested to conduct a **Category 3** health assessment to assess the employee/applicants fitness for rail safety duties in accordance with the National Standard for Health Assessment of Rail Safety Worker.
- You must sight photo identification of the employee/applicant (eg Drivers Licence, Rail Safety Workers' Card)
- Should the employee/applicant be assessed as Temporarily/Permanently Unfit for Duty, please contact the employer immediately so that appropriate actions can be taken.
- Category 3 Around the Track Personnel in an Uncontrolled Environment/applicants are required to have audiometric and vision testing as part of this health assessment. The applicant has been advised of these requirements in section 1 of this

These tests will be arranged separately and reports forwarded to you if facilities are not are not available at your practice.

You may need to contact the applicant's nominated health professional to discuss conditions that may affect their fitness for rail safety work. Such contact should be made with the workers signed consent.

For more detailed information about the conduct of health assessments for rail safety employees see National Standard for Health Assessment of Rail Safety Workers.

### al To Compete

1.1 Visual A	-						
_	Uncorrected		Corrected				
R 6/	L 6/		R 6/			6/	
	ntact lenses w	orn?	0/	Yes	П	No	
	<b>elds</b> (Confronta		eve):	Normal		Abnor	mal
1.3 Colour V	•		- <b>,</b> -				
(Ishiha	ara: ≥ 3 errors/1	2 plates is a fa	nil)	Pass		Fail	
2.3 Heart So	te: unds: al Pulses:		Regular Normal Normal		Abno Abno	rmal	
Chest/Lung	gs:		Normal		Abno	rmal	
Weight							
Weight: _		Kg					
Hoight:		om					

IA	ICU	แบบบูเน	ai/ iviusu	uloskelet	aı.						
5.	.1	Cervical	Spine rota	tion	Normal		Abnormal				
5.	.2			Normal		Abnormal					
5.	.3	Upper Limbs									
		a)	Appeara	nce	Normal		Abnormal				
		b)	Joint mo	vements	Normal		Abnormal				
5.	.4	Lower L	imbs								
		a)	Appeara	nce	Normal		Abnormal				
		b)	Joint mo	vements	Normal		Abnormal				
5.	.5	Gait			Normal		Abnormal				
5.	.6	<b>Romberg's Test</b> (A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for thirty seconds.									
						Normal	□ Ab	normal			
5.	.7	Is a fund	ctional/prac	ctical asses	sment requir	ed?	Yes □		No		
6.	. 1	Drug Sc									
б.	. 1				Nogativ	<b>Ι</b> Δ	Docitivo				
О.	. 1				Negativ □	/e	Positive		m	ımol/l	
О.	. •	Creatinin	ne	mines		/e				imol/L	
о.	. •	Creatinin Sympath	ne nomimetic A	mines		/e			n	g/ml	
о.	.1	Creatinin Sympath Ampheta	ne nomimetic A	mines		ve			n	g/ml g/ml	
0.	.1	Creatinin Sympath Ampheta Methamp	ne nomimetic A	mines		ve			nç nç	g/ml g/ml g/ml	
0.	.1	Creatinin Sympath Ampheta Methamp Cocaine	ne nomimetic A nmines phetamines	mines		/e			n n n	g/ml g/ml g/ml g/ml	
0.	.1	Creatinin Sympath Ampheta Methamp Cocaine Benzodia	ne nomimetic A nmines phetamines azepines	mines		ve				g/ml g/ml g/ml g/ml g/ml	
0.	.1	Creatinin Sympath Ampheta Methamp Cocaine Benzodia Cannabir	ne nomimetic A nmines phetamines azepines	mines		/e				g/ml g/ml g/ml g/ml g/ml g/ml	
0.	. 1	Creatinin Sympath Ampheta Methamp Cocaine Benzodia	ne nomimetic A nmines phetamines azepines	mines		/e				g/ml g/ml g/ml g/ml g/ml	
		Creatinin Sympath Ampheta Methamp Cocaine Benzodia Cannabir Opiates Alcohol	ne nomimetic A nmines phetamines azepines	mines		/e				g/ml g/ml g/ml g/ml g/ml g/ml	
		Creatinin Sympath Ampheta Methamp Cocaine Benzodia Cannabir Opiates	ne nomimetic A nmines phetamines azepines	mines		Z.0		4.0		g/ml g/ml g/ml g/ml g/ml g/ml	
	lea	Creatinin Sympath Ampheta Methamp Cocaine Benzodia Cannabir Opiates Alcohol	ne nomimetic A nmines phetamines azepines noids					4.0		g/ml g/ml g/ml g/ml g/ml g/ml g/ml	

RELEVANT CLINICAL FIND	DINGS/RECOMMENDATIONS 1	TO BROOKFIELD RA	AIL'S CM	10
Note: Comments on any relevant finding the requirements of the standard.	gs detected in the questionr	naire or examination	on, mak	ing reference to
I certify that I have examined the person National Standard for Health Assessmen		the medical stand	ards co	ntained in the
		DATE:	/	/20
Name of Examining Health Professional	Signature			
I have sighted the employee / applica	ant's photo ID □			

### RECOMMENDATION OF CHIEF MEDICAL OFFICER

I certify that I have reviewed the Health Assessment Examination Form for the person named in accordance with the medical standards contained in the *National Standard for Health Assessment of Rail Safety Workers*, and in my opinion the worker / applicant is (tick as appropriate):

Vorker's Name:D	te of Birth:Service Number:
☐ Fit for Duty	I recommend:
Meets all relevant medical criteria for:  ☑ Category <b>3</b> (Non Safety Critical Worker)	☐ Medical Review in years ☐ Local doctor referral ☐ Conditional on Corrective lenses ☐ Other condition (specify):
Does not meet all medical criteria, but could per inherent requirements of the position if the cond sufficiently under control and worker / applicant frequently reviewed than prescribed under period review  If pre-employment – Recruitment & Selection process sus Risk Assessment required by Brookfield Rail prior to engage	ion is somere ic Specialist referral Company Medical Officer referral
☐ Fit for Duty, Subject to Job Modification  Does not meet all medical criteria, but could puthe inherent requirements of the position if suimodifications were made to the duties  If pre-employment — Recruitment & Selection process sus Risk Assessment required by Brookfield Rail prior to enga	ble ended.
☐ Temporarily Unfit for Duty, Subject to Revie Does not meet all medical criteria and cannot the inherent requirements of the position, but perform alternative duties. May return to full pending improvement in condition, response t treatment, confirmed diagnosis of undifferenti illness	erform nay nty
If pre-employment — Recruitment & Selection process ce. May reapply for position when noticeable improvement in is verified by applicant's doctor. Re-examination for pre- employment will be required.	
□ Permanently Unfit for Duty  Does not meet the medical criteria and canno perform the job in the future.  If pre-employment – Recruitment & Selection process centers.	I recommend the following in terms of management and review:
	Date: / /20
Name of Chief Medical Officer Signatur	Chief Medical Officer's records