

Rail Health Assessment Form

Category 3 (Around the Track Personnel Operating in an Uncontrolled Environment)

Dear Employee/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 (February 2017) 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 not permitted and will not treat any medical condition, 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	
Surname:	First Names:
Depot/Location:	Current Position:
Service Number:	Date of Birth:
1.2 Employer Details	
Supervisor/Contact:	
Date Medical Request :	Phone: (08)
Account to be sent to:	
Results to be sent to:	/ Fax:
1.3 Health Assessment Appointment Details	
Health Professional:	
Address:	
Phone:	Fax:
Appointment Date:	Appointment Time: (please arrive 15 mins prior)
Tests Required:	<input type="checkbox"/> Breath/Blood Alcohol Level <input type="checkbox"/> Urine Screening <input type="checkbox"/> Audiometry
1.4 Description of Duties (or see attached Job Description or Task Risk Assessment)	
<input type="checkbox"/> Rail Safety Worker Risk Assessment Attached	
Description:	
1.5 Type of Assessment Required:	
<input type="checkbox"/>	<u>Pre-employment</u> / Change of Category Health Assessment
<input type="checkbox"/>	Periodic Health Assessment
<input type="checkbox"/>	Triggered Health Assessment (specify reason):
<input type="checkbox"/>	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. 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 the CMO requires 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.

I give do not give **(please tick)** permission for the examining Health Professional to contact my treating doctor (s) to discuss or clarify information relating to my current health status.

Please provide details: Your contact phone number: () _____

Your GP phone number: () _____

Your GP address:

Your Health Professional/Specialist phone number (if applicable): () _____

Your Health Professional/Specialist address:

I, _____ certify that I have read and understood the above information.

Signature: _____
(print name)

Date: ____ / ____ / 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.

- | | | Yes | No |
|-----|--|--------------------------|-------------------------------------|
| 1. | Are you currently being treated by a doctor for any illness or injury? <i>(Please note brief details)</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| 2. | Are you receiving any medical treatment or taking any medication (prescribed or otherwise)? <input type="checkbox"/> | Yes | No |
| | <i>(Please take any medications with you to show the doctor)</i> <i>(Please note brief details)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| 3. | Do you smoke or have been a smoker | <input type="checkbox"/> | <input type="checkbox"/> |
| | If you are an ex-smoker when did you quit? _____ | | |
| | How much did/do you smoke? _____ | | |
| 4. | Do you use illicit drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If Yes, please state drugs used and frequency | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| 5. | For Existing Employees Only | | |
| 5.1 | Have you experienced difficult completing any tasks required for your work (eg. Walking on ballast, hearing train instructions). | No | Yes |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 | Have you been involved in any accidents or near misses at work in the period since your last assessment? | No | Yes |
| | If yes, briefly describe | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ | | |
| | _____ | | |

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 employee/applicant has been advised of these requirements in section 1 of this form.
These tests will be arranged separately and reports forwarded to you if facilities are not available at your practice.
- You may need to contact the employee/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*.

3.3 Category 3 ATTP Health Assessment Examination – Examining Health Professional To Compete

1. Vision:

1.1 Visual Acuity

Uncorrected		Corrected	
R	L	R	L
6/	6/	6/	6/

Are contact lenses worn? Yes No

1.2 Visual Fields (Confrontation to each eye): Normal Abnormal

1.3 Colour Vision

(Ishihara: ≥ 3 errors/12 plates is a fail) Pass Fail

2. Cardiovascular System:

2.1 Blood Pressure _____ mm Hg

2.2 Pulse Rate: _____ Regular Irregular

2.3 Heart Sounds: Normal Abnormal

2.4 Peripheral Pulses: Normal Abnormal

3. Chest/Lungs: Normal Abnormal

4. Weight

Weight: _____ Kg

Height: _____ cm

5. Neurological/Musculoskeletal:

- 5.1 **Cervical Spine rotation** Normal Abnormal
- 5.2 **Back movement** Normal Abnormal
- 5.3 **Upper Limbs**
 - a) Appearance Normal Abnormal
 - b) Joint movements Normal Abnormal
- 5.4 **Lower Limbs**
 - a) Appearance Normal Abnormal
 - b) Joint movements Normal Abnormal
- 5.5 **Gait** Normal Abnormal
- 5.6 **Romberg's Test** (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 Abnormal
- 5.7 **Is a functional/practical assessment required?** Yes No

6. Substance Misuse

6.1 **Drug Screen:**

	Negative	Positive	
Creatinine	<input type="checkbox"/>	<input type="checkbox"/>	_____mmol/L
Sympathomimetic Amines	<input type="checkbox"/>	<input type="checkbox"/>	_____ng/ml
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	_____ng/ml
Methamphetamines	<input type="checkbox"/>	<input type="checkbox"/>	_____ng/ml
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	_____ng/ml
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	_____ng/ml
Cannabinoids	<input type="checkbox"/>	<input type="checkbox"/>	_____ng/ml
Opiates	<input type="checkbox"/>	<input type="checkbox"/>	_____ng/ml
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____mg%

7. Hearing:

KHz	0.5	1.0	1.5	2.0	3.0	4.0	6.0	8.0
Left								
Right								
Has the applicant been quiet for the past 16 hours?						Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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):

Worker's Name:Date of Birth: Service Number:.....

<input type="checkbox"/> Fit for Duty Meets all relevant medical criteria for: <input checked="" type="checkbox"/> Category 3 (Non Safety Critical Worker)	I recommend: <input type="checkbox"/> Medical Review in ____ years <input type="checkbox"/> Local doctor referral <input type="checkbox"/> Conditional on Corrective lenses <input type="checkbox"/> Other condition (specify):
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<input type="checkbox"/> Fit for Duty Does not meet all medical criteria, but could perform the inherent requirements of the position if the condition is sufficiently under control and worker / applicant is more frequently reviewed than prescribed under periodic review <i>If pre-employment – Recruitment & Selection process suspended. Risk Assessment required by employer prior to engagement</i>	I recommend: <input type="checkbox"/> Medical Review in _____ <input type="checkbox"/> Specialist referral <input type="checkbox"/> Local doctor referral <input type="checkbox"/> Company Medical Officer referral <input type="checkbox"/> Laboratory tests This certificate is valid until: _____
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<input type="checkbox"/> Fit for Duty, Subject to Job Modification Does not meet all medical criteria, but could perform the inherent requirements of the position if suitable modifications were made to the duties <i>If pre-employment – Recruitment & Selection process suspended. Risk Assessment required by employer prior to engagement</i>	I recommend:
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<input type="checkbox"/> Temporarily Unfit for Duty, Subject to Review Does not meet all medical criteria and cannot perform the inherent requirements of the position, but may perform alternative duties. May return to full duty pending improvement in condition, response to treatment, confirmed diagnosis of undifferentiated illness <i>If pre-employment – Recruitment & Selection process ceased. May reapply for position when noticeable improvement in condition is verified by applicant's doctor. Re-examination for pre-employment will be required.</i>	I recommend the following in terms of management and review:
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<input type="checkbox"/> Permanently Unfit for Duty Does not meet the medical criteria and cannot perform the job in the future. <i>If pre-employment – Recruitment & Selection process ceased.</i>	I recommend the following in terms of management and review:
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Name of Chief Medical Officer

Signature: Chief Medical Officer's records

_____/_____/20
Date: