Track Access Permit Medical Renewal Form



	eForm or Print				
Rail Medical Category: CAT3		CAT2		CAT1	
Surname	Other Name/s		Date of Birth		Mobile Number
Email Address			TAP Number		
Postal Address	То	wn / Suburb		State	Postcode

Employer Name	Employer Contact			
Employer Contact Email Address		Employer Contact Phone		
Employer Postal Address	Town / Suburb		State	Postcode

All Rail Medicals are to be completed by an Authorised Health Professional (AHP) for the Rail Industry. Click on the link to check that the Doctor is a current registered AHP: <u>https://www.riw.net.au/authorised-health-professionals/#find-an-ahp</u>

Authorised Health Professionals Name	Date of Health Assessmen	th Assessment Report			
Has the AHP signed and stamped (<i>electronic accepted</i>) the Health Assessment YES Report?					
If NO, please contact the clinic to amend prior to subm	NO				
Have you signed the Portability of Assessment Re	YES				
If NO, please sign prior to submission.		NO			

Conditions of Application:

An accredited person shall inform Arc Infrastructure immediately upon becoming aware of any condition that is developing or has developed that would prevent that person from meeting the requirements of the Track Access Permit held.

The applicant/company representative shall email with this application form, a copy of the **HEALTH ASSESSMENT REPORT PAGE** (*i.e.; Fit for Duty, Certificate of Fitness, part B & C*) from the most recent Rail Medical undertaken which confirms that the medical is in accordance with and meets the National Standard for Health Assessment Rail Safety Workers.

It is the responsibility of the above mentioned applicant to NOT enter the rail corridor until they have obtained all appropriate permits and permissions from Arc Infrastructure.

Renewal of a rail medical is NOT an authority to enter the rail corridor. Arc Infrastructure will forward the applicant's Track Access Permit within 10 business days of receiving the completed application for Track Access Permit Medical Renewal and all associated documentation.

Disclaimer:

I acknowledge and give permission for the Health Assessment Report from my most recent rail medical assessment to be forwarded and used by Arc Infrastructure Pty Ltd for the purposes in connection with issuing me with a Track Access Permit.

Applicant Signature:

Date: