Track Access Permit Medical Renewal Form



Track Access Fermit Medical Nellewal Form								Inirastructure	
APPLICANT TO COMPLETE									
Rail Medical Cat	egory:								
Surname	Other Na			Date of Birth		Mobile Number			
Email Address					TAP Number				
Postal Address		Town / Suburb				State		Postcode	
Employer Name					Employer Contact				
Contact Email Address					Contact Phone				
Employer Postal Address			Town / S	n / Suburb				Postcode	
All Rail Medicals are to be completed by an Authorised Health Profession (AHP) for the Rail Industry. Please go to the following website to check they are currently registered as a AHP: https://www.riw.net.au/authorised-health-professionals/#find-an-ahp									
Authorised Health Professionals Name									
Date of Health Assessment			Me	Medical Expiry Date					
Has the AHP signed and stamped the Health Assessment Report? YES NO									
If NO, please contact the clinic to amend.									
Have you signed the Portability of Assessment Results? YES NO									
If NO, please sign prior to submitting.									
Conditions of Application	:								

An accredited person shall immediately inform Arc Infrastructure Pty Ltd of any condition that develops 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 with and meets the National Standard for Health Assessment Rail Safety Workers.

It is the responsibility of the person applying for a Track Access Permit to **NOT** enter the rail corridor until they are in possession of their Track Access Permit. Track Access Permits take up to 10 business days to process.

Completion of a Safeworking course and the medical assessment are NOT the authority to enter the rail corridor.

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:
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