Rail Safety Worker Health Assessment Category 1, 2 and 3

REQUEST AND REPORT FORM

Rail worker's name:		Date:	
Name of rail transport operator:			

CONFIDENTIAL:
The completed form should be returned to the rail transport operator.
A copy should be retained by the Authorised Health Professional (AHP).

Instructions to the Authorised Health Professional

- You are requested to conduct a health assessment to assess the rail safety worker's fitness for duty according to the details provided in PART A of this form and according to the *National Standard for Health Assessment of Rail Safety Workers*.
- You must sight photo identification of the rail safety worker/applicant (e.g. driver's licence).
- Please perform the assessment, complete PART B of this form and return the whole form to the rail transport operator according to contact details in PART A below, within 7 days of the assessment, OR should the worker be assessed Unfit for Duty, please contact the operator immediately by phone so that appropriate rostering changes may be made. Please keep a copy of this form for your own records.
- You should have the required pathology (non-fasting cholesterol, HDL and HbA1c) and ECG results available for the assessment. This applies to Category 1 Safety Critical Workers at Pre-placement, Change of Grade and Periodic Health Assessments.
- Requirements for audiometry are noted in Part A of the form. This will be arranged separately if audiometry facilities are not available at your practice.
- You may need to contact the worker's nominated doctor to discuss conditions that may affect their fitness for duty. Such contact should be made with the worker's signed consent (see Record for Health Professional).
- Details of the assessment should be recorded on the Record for Health Professional. This record is confidential and should be retained by you, not returned to the operator.
- For more detailed information about the conduct of health assessments for rail safety workers see the *National Standard for Health Assessment of Rail Safety Workers*.

PART A. REQUEST FOR HEALTH ASSESSMENT (rail transport operator to complete)

A health assessment is requested to assess fitness for rail safety duty.

Date requested:	

1. RAIL TRANSPORT OPERATOR DETAILS

Rail transport operator:			
Supervisor / contact:			
Phone:		Facsimile:	
Email:			

Account and report to be sent to Supervisor at the following address (please insert postal address or fax no):

2. WORKER / APPLICANT DETAILS

Family name:		First names:	
Employee no. (if applicable):		Date of birth:	
Phone number:		Email:	
Job title:			

3. WORKER'S HEALTH ASSESSMENT APPOINTMENT DETAILS

Doctor / practice:

Address: | Phone:

Appointment date: | Time:

4. ASSESSMENT REQUIREMENTS

4.1. Risk Category / Level of assessment

☐ Category 1 ☐ Category 2 ☐ Category 3

4.2. Description of duties (or see attached Job Description or Health Risk Assessment)

4.3. Type of assessment required (tick one)

☐ Pre-placement / Change of Risk Category Health Assessment

☐ Periodic Health Assessment

☐ Triggered Health Assessment (provide details below)
Initiated by:

☐ Rail transport operator ☐ Authorised Health Professional (Fit for Duty Subject to Review) ☐ Worker

Provide details of reasons for Triggered Health Assessment and any other assessment requirements.
Refer to relevant workplace reports as appropriate (see section 5).

4.4. Task specific requirements (Category 1 and 2 Safety Critical Workers)

Colour vision	☐ No colour vision requirements	☐ Colour Vision Normal
	☐ Colour Vision Defective Safe A	☐ Colour Vision Defective Safe B
Hearing	☐ Speech in noise	☐ Speech in quiet
Musculoskeletal (note specific requirements – tick box and provide details as appropriate)	☐ Standing	
	☐ Sitting	
	☐ Lifting / carrying	
	☐ Walking / uneven ground	
	☐ Aerobic requirements	
	☐ Other	

4.5. Specific tests required

The following tests are required for Pre-placement, Change of Risk Category and Periodic Health Assessments. They are not routinely required for Triggered Health Assessments. Note: Fasting is not required for pathology tests.

☐ Total cholesterol and HDL (Category 1)

☐ HbA1c (Category 1)

☐ Urine glucose (Category 2)

☐ Resting ECG (Category 1)

☐ Audiometry (Category 1, 2 and 3)

Audiometry ordered from:

☐ Drug or alcohol test (Pre-placement / Change of Risk Category only) unless required for Triggered Health Assessment

Pathology ordered from:

5. SUPPORTING INFORMATION RELEVANT TO THE ASSESSMENT (tick information provided)

- ☐ Most recent health assessment (attach report)
  Completed by (insert AHP name): _____ on (insert date): _____
- ☐ Previous relevant Health Assessment Report(s) (attach report(s) and describe below)
- ☐ Aids required to be worn (specify)
  ☐ Corrective lenses ☐ Hearing aids ☐ Other (specify)
- ☐ Job modifications currently in place (provide or attach details)
- ☐ Relevant sick leave for last 12 months (number of days, not details):
- ☐ Relevant workers compensation history (attach details)
- ☐ Relevant critical incident episodes (attach details)
- ☐ Relevant workplace reports (attach details)
- ☐ Record of involvement in serious rail safety incidents (attach details)
- ☐ Other (specify)

Rail transport operator to complete after the assessment.

6. ACTION TAKEN AS A RESULT OF HEALTH ASSESSMENT (tick as appropriate and record details)

- ☐ Periodic Health Assessment scheduled as per Standard
- ☐ Job modification
- ☐ Triggered review scheduled (e.g. Fit for Duty Subject to Review)
- ☐ Alternative duties / redeployment
- ☐ Drug or alcohol test/assessment
- ☐ Referral to hearing conservation program

7. PORTABILITY OF HEALTH ASSESSMENT REPORT (refer to Section 2.6.6 of the Standard)

The Standard allows for portability of health assessment reports to avoid unnecessary repeat assessments under different transport operators. This is often at the worker's request and must be voluntary. The worker must provide their informed consent in writing for sharing of the report and for the specific circumstances. The rail transport operator must not share the report of this assessment with another operator without the worker's consent.

Portability of assessment result - worker to complete

I, _____ (print name)

☐ give ☐ do not give (please indicate)

permission for this health assessment report to be forwarded to _____
as confirmation of my fitness for duty for the risk category and specific tasks described.

Signature: _____ Date: _____

PART B. HEALTH ASSESSMENT REPORT (Authorised Health Professional to complete)

Worker's first name:		Worker's surname:		Date of birth:	
Worker's job title:				System identifier (if applicable):	

Worker category

- ☐ Category 1
- ☐ Category 2
- ☐ Category 3

Type of assessment

- ☐ Pre-placement / Change of Risk Category
- ☐ Periodic Health Assessment
- ☐ Triggered Health Assessment (refer Part A for details)

Current aids required

- ☐ Corrective lenses
- ☐ Hearing aids
- ☐ Other specify:

Worker identification

- ☐ I have sighted the worker's photo ID (e.g. driver's licence, passport)

ID type and number:

Next Periodic Health Assessment date:

Certificate validity: This certificate is valid until the next review date (see below) OR the next Periodic Health Assessment date, whichever is earliest. This is managed as per section 2.2.7 of the Standard.

This report is:

- ☐ An interim report pending further investigation (see review date below)
- ☐ A final report of the worker's fitness for duty status

I certify that I have examined the worker in accordance with the medical standards contained in the *National Standard for Health Assessment of Rail Safety Workers* and in my opinion the worker is (tick one box only in left hand column):

☐ Fit for Duty Unconditional

The worker meets all criteria for Fit for Duty Unconditional. They are not subject to any restrictions or conditions and should be reviewed in line with the normal periodic health assessment schedule (refer section 2.3.1).

☐ Fit for Duty Subject to Review

The worker does not meet all the criteria for Fit for Duty Unconditional. The worker's condition is sufficiently controlled to permit current rail safety duties under certain conditions (refer section 2.3.2).

☐ Temporarily Unfit for Duty

Please notify the rail transport operator immediately if worker assessed as Temporarily Unfit for Duty

The worker does not meet the criteria for Fit for Duty Unconditional or Fit for Duty Subject to Review and cannot presently perform current rail safety duties (refer section 2.3.3).

May return to full duty pending: improvement in condition; response to treatment; confirmed diagnosis of undifferentiated illness.

☐ Permanently Unfit for Duty

Please notify the rail transport operator immediately if worker is assessed as Permanently Unfit for Duty

The worker has a permanent or progressive condition that is predicted to render them unfit for their current rail safety duties for 12 months or more (refer section 2.3.4).

Drug or alcohol testing (if required)

Date of test:		
Drug test	☐ Negative	☐ Positive
Alcohol breath test	☐ Negative	☐ Positive

Colour vision

- ☐ Colour Vision Normal
- ☐ Colour Vision Safe A
- ☐ Colour Vision Safe B
- ☐ Not assessed
- ☐ Unfit for Colour Critical Work

Review requirements (as applicable)

Date of next review

A review appointment with AHP should be scheduled by (date):

Nature of review assessment

- ☐ Full medical assessment
- ☐ Assessment for specific medical condition(s)
- ☐ Review of aids (hearing or vision)

Reports and/or tests required

- ☐ Local doctor report/s
- ☐ Specialist report/s
- ☐ Test results

Additional requirements for review, management

- ☐ CMO review
- ☐ Referral to hearing conservation program (operator to action)
- ☐ Other (provide detail below)

Job modification (Fit for Duty Subject to Review)

In most cases job modification may not be practicable but alternative duties such as office work may be available (refer opposite and categorise Temporarily Unfit for Duty).

I recommend the following restrictions and timeframes to inform job modifications:

- ☐ As per WorkCover Certificate

Alternative duties (Temporarily Unfit for Duty)

- ☐ Unfit for Category 1 and Category 2 work, but fit for Category 3
- ☐ Unfit for Category 1, 2 and 3 work, but fit to work outside the danger zone
- ☐ Has a condition that may have an effect on non-safety tasks
- ☐ Other

Authorised Health Professional		**Reviewing Authorised Health Professional, Occupational Physician or Chief Medical Officer (if applicable)**	
Name:		Name:	
Address:		Address:	
Signature:		Signature:	
Date of AHP assessment:		Date of review:	