

# Rail Safety Worker Health Assessment Category 1, 2 and 3 Request and Report Form

**CONFIDENTIAL:**

**THE COMPLETED FORM SHOULD BE RETURNED TO THE RAIL TRANSPORT OPERATOR  
A COPY SHOULD BE RETAINED BY THE AUTHORISED HEALTH PROFESSIONAL**

## Instructions for 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.
- Before presenting for the appointment, Category 1 Safety Critical Workers are required to present for fasting cholesterol (total and HDL), fasting glucose and an ECG for Pre-placement, Change of Risk Category and Periodic Health Assessments. Results should have been forwarded to you prior to this examination.
- 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 examination 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 safety critical workers see the *National Standard for Health Assessment of Rail Safety Workers*.

## PART A – Request for Health Assessment – Rail transport operator to complete

Date of request

### 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.*)

## PART A (continued)

### 2. Worker / Applicant details

Family name

First names

Employee no.

Date of birth

### 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 Task Risk Assessment)

#### 4.3 Type of assessment required (tick one)

- Replacement / Change of Risk Category health assessment
- Periodic health assessment
- Triggered health assessment (provide details below)
- Other (provide details below)

#### 4.4 Task specific requirements (Category 1 and 2 workers)

- Colour vision**
- Normal
  - Colour Defective Safe A
  - Colour Defective Safe B
  - No colour vision requirement

- Hearing**
- Speech – In Quiet
  - Speech – In Noise

#### Musculoskeletal (note specific requirements)

## PART A (continued)

### 4.5 Specific tests required

The following tests are required for Preplacement, Change of Risk Category and Periodic Health Assessments. They are not routinely required for Triggered Health Assessments.

- Fasting cholesterol (total and HDL) (*Category 1 only*)
- Fasting plasma glucose (*Category 1 only*)
- Resting ECG (*Category 1 only*)
- Audiometry (*Category 1, 2 and 3*)

Audiometry ordered from

- Drug Screen (*Preplacement only*)

Pathology ordered from

### 5. Supporting information relevant to the assessment (*tick information provided*)

- Previous relevant Health Assessment Report(s)
- Relevant sick leave for last 12 months  
(number of days, not details)
- Relevant Workcover history
- Relevant Critical Incident episodes
- Positive drug and alcohol assessment reports
- Record of involvement in serious rail safety incidents

- 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
- Alternate duties / Redeployment
- Drug assessment (Preplacement only)

Worker's name

Category 1

Category 2

Category 3

### PART B – Health Assessment Report – Health professional to complete

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

Number

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)**:

**Fit for Duty Unconditional** – meets all relevant criteria for rail safety work

**Fit for Duty – Conditional**

Conditional on corrective lenses being worn

Conditional on hearing aid being worn

Other condition (*specify*)

**Fit for Duty Subject to Review** – does not meet all criteria, but could perform current duties if the condition is sufficiently under control and worker is more frequently reviewed than prescribed under periodic review.

**NOTE:** A new worker may be judged Fit for Duty Subject to Review and recommended for more frequent medical assessment from commencement of employment.

I recommend:

Review at this practice

Date of review

Specialist referral

Local doctor referral

Laboratory tests

**Fit for Duty Subject to Job Modification** – does not meet all criteria, but could perform current duties if suitable job modifications were made.

I recommend the following job modifications (including timeframes):

**Temporarily Unfit for Duty** – does not meet all criteria and cannot perform current duties. May perform alternative tasks. May return to full duty pending: improvement in condition; response to treatment; confirmed diagnosis of undifferentiated illness.

**NOTE:** A new worker may be judged Temporarily Unfit for Duty. The rail transport operator may advise of the opportunity for a renewed application upon the medical issues being resolved.

I recommend the following in terms of management and review (including timeframes):

**Permanently Unfit for Duty** – does not meet all criteria for current duties and cannot perform these duties in the foreseeable future (> 12 months).

I recommend the following in terms of management and review (including timeframes):

#### Health professional details (stamp acceptable)

Name

Address

Assessment date

Signature

#### PART C – Portability of assessment result – Worker to complete

I,

(*print name*)

**give permission for this health assessment to be forwarded to another rail transport operator as confirmation of fitness for duty**

Signature