

Name of rail transport operator:

Rail Safety Worker Health Assessment Category 3

Record for Health Professional

CONFIDENTIAL:

FOR PRIVACY REASONS THE COMPLETED FORM SHOULD BE RETAINED BY THE AUTHORISED HEALTH PROFESSIONAL AND NOT RETURNED TO THE RAIL TRANSPORT OPERATOR

PART A – Rail transport operator to complete

1. Worker / Applicant details

Family name:

First names:

Employee no:

Date of birth:

PART B – Patient consent – Worker to complete

(If required to consult with general practitioner or other treating doctor)

I, (*print name*) give do not give (*please indicate*)

permission for the examining health professional to contact my treating doctor(s) to discuss or clarify information relating to my current health status.

Signature:

(1) Name of doctor:

(2) Name of doctor:

Phone:

Phone:

PART C – Examination record – Health professional to complete

1. Hearing (Audiometry results) (refer Chapter 21)

Are hearing aids worn? Yes No

	0.5 kHz	1.0 kHz	1.5 kHz	2.0 kHz
Right				
Left				
	3.0 kHz	4.0 kHz	6.0 kHz	8.0 kHz
Right				
Left				

Acceptable ≤ 40 dB averaged over 0.5, 1 and 2 kHz in the better ear

Medical comments

2. Vision (refer Chapter 22)

2.1 Visual acuity

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

Acceptable Better eye 6/12

Are glasses worn? Yes No

Are contact lenses worn? Yes No

2.2 Visual fields (*Confrontation to each eye*) Normal Abnormal

Medical comments

3. Mobility (refer Chapter 23)

3.1 Cervical spine movements Normal Abnormal

3.2 Back movements Normal Abnormal

3.3 Lower limbs:

Appearance Normal Abnormal

Joint movements Normal Abnormal

3.4 Gait Normal Abnormal

3.5 Romberg's test Normal Abnormal

(A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by side, for thirty seconds)

Medical comments

4. Other conditions likely to affect safety around the track (refer responses to Health Questionnaire)

Provide details regarding other conditions present that may impact of safety, including psychiatric, cognitive, neurological

PART D – Relevant clinical findings and action

Note comments on any relevant findings detected in the questionnaire or examination, making reference to the requirements of the standard.

5. Significant findings

6. Further investigations / referral required

7. Fitness for duty classification and explanation

Tick the appropriate box coinciding with the conclusion of your assessment and provide appropriate details in the box below.

- Fit for Duty Unconditional
- Fit for Duty Conditional (describe aids to be worn)
- Temporarily Unfit for Duty (describe the reasons and contact the rail transport operator immediately)
- Fit for Duty Subject to Review (describe the reasons and nominate date for review)
- Fit for Duty Subject to Job Modification (describe suggested alternative duties. Identify timeframes for application of modifications.)
- Permanently Unfit for Duty (describe the reasons)

8. Consent

Was the worker's GP contacted (with their consent)?

- Yes No

Provide brief notes regarding discussion with the GP

9. Other clinical notes

Name of Doctor

Signature of Doctor

Date