Transport for NSW, Sydney Trains, Sydney Metro and NSW TrainLink medication declaration form

Download PDF in Adobe to complete electronically

If you are taking any of the medications listed below and have not previously declared them to the Chief Health Officer, please take a photo of the prescription, or of the medication packaging showing the pharmacy label, and send that to the Chief Health Officer along with this declaration form. The Chief Health Officer will determine if the medication or the underlying condition are compatible with your job or if any further medical information is required to assess work fitness and safety.

You should also discuss whether prescribed medications are safe to take while performing your role with your treating doctor, or with your pharmacist for over-the counter medications.

List of medications that must be declared:

- Alprazolam
- Buprenorphine
- Codeine
- Dexamphetamine
- Diazepam
- Fentanyl
- Flunitrazepam
- Hydromorphone

- Lisdexamfetamine
- Lorazepam
- Medicinal Cannabis including Cannabidiol (CBD) and Sativex
- Medicinal MDMA
- Medicinal Psilocybin
- Methadone
- Morphine

- Nitrazepam
- Oxazepam
- Oxycodone
- Pethidine
- Phentermine
- Tapentadol
- Temazepam
- Tramadol

Privacy notice

Transport for NSW is committed to protecting your privacy and ensuring your personal and health information is managed according to law. The information will be used by TfNSW to assist in interpreting the results of any drug test you may undertake and to assess your ability to work safely.

TfNSW will not use or disclose your information for any other purpose inconsistent with the Privacy and Personal Information Protection Act and Health Records Information Privacy Act. For further information on privacy please see the TfNSW Privacy Management Plan or contact us at privacy@transport.nsw.gov.au.

I understand that information contained in this form and approval / non approval of my medication use in relation to my work role may be shared with my line manager, People & Culture, the Occupational Health Team, Professional Standards and others within Transport on a need to know basis.



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Name	
Date	
Date of birth	
Agency	
Position	
Contact number	
Email address	

Questions

Are you a Rail Safety Worker (RSW)? (if so, what category)	
If you are a RSW, has the underlying condition for which this medication is prescribed been declared and assessed at a previous rail safety health assessment?	
Do you operate a vehicle and/or vessel in your line of work?	
Has your doctor or pharmacist told you that the medication is safe to take while performing your role?	

Medications

Name of medication	Dose (e.g. 10mg, 500mg, number of tablets)	Frequency (e.g. daily, twice a day, approx weekly)	Date commenced/ Length of time (e.g. one week)	Side effects (If yes, please describe)

Chief Health Officer advice

Name of medication	Drug class	CHO instructions

NOTE: Once reviewed, the Chief Health Officer or nominated delegate will advise the worker of approval / non approval of the listed medications in relation to the worker's role.

Please save a copy for your own record and select 'Submit' to email the completed form to the Chief Health Officer. Include a photo of the pharmacy label on the medicine packaging or a photo of the prescription in the email.

