

FOR PRIVACY REASONS THE COMPLETED FORM SHOULD BE RETAINED BY THE AUTHORISED HEALTH PROFESSIONAL AND NOT RETURNED TO THE TRANSPORT AGENCY (Note: A copy may be given to the Chief Health Officer (CHO) or nominated representative if requested). Information collected on this form is subject to privacy laws such as the Health Records and Information Act 2002 (NSW) and the Privacy and Personal Information Protection Act 1998 (NSW)

CONFIDENTIAL

Examination Record			
Employee	<input type="checkbox"/> CAT-1 <input type="checkbox"/> CAT-2 <input type="checkbox"/> CAT-3	Date:	
Contractor	<input type="checkbox"/> CAT-1 <input type="checkbox"/> CAT-2 <input type="checkbox"/> CAT-3		
Worker / Applicant Details			
Family name:		First names:	
Employee No.:		Date of Birth:	
Transport agency:			

Examination Details:-

	Examination		Results							
ALL Categories 1, 2 and 3 :-										
1.	GENERAL APPEARANCE	Sex	Height	m	Weight	Kg	BMI	Kg/m ²		
2.	VISION									
2.1	Visual acuity									
	Glasses worn?	<input type="checkbox"/> No <input type="checkbox"/> Yes		Uncorrected			Corrected			
	Contact lens worn?	<input type="checkbox"/> No <input type="checkbox"/> Yes		R	L	R	L			
				6/	6/	6/	6/			
2.2	Visual fields	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (<i>confrontation to each eye</i>)								
2.3	Colour vision (as required)	Ishihara:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail (<i>Ishihara: ≥3 errors/12 is a fail</i>)							
		If fail, Railway LED Lantern 6m	<input type="checkbox"/> Pass <input type="checkbox"/> Fail							
		If fail, Railway LED Lantern 3m	<input type="checkbox"/> Pass <input type="checkbox"/> Fail							
		If fail, Farnsworth D15 1 st test:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail							
		Farnsworth D15 2 nd test:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail							
		Farnsworth D15 3 rd test: (if necessary):	<input type="checkbox"/> Pass <input type="checkbox"/> Fail							
3.	HEARING (testing without aids)	Hearing aids worn?	<input type="checkbox"/> No <input type="checkbox"/> Yes							
		Audiometry results:	0.5 kHz	1.0 kHz	1.5 kHz	2.0 kHz	3.0 kHz	4.0 kHz	6.0 kHz	8.0 kHz
		Right								
		Left								

Categories 1 and 2 only:

4.	CARDIOVASCULAR SYSTEM									
4.1	Blood pressure	Systolic ▶		mmHg						
		Diastolic ▶		mmHg						
4.2	Pulse	Pulse Rate ▶		<input type="checkbox"/> Regular <input type="checkbox"/> Irregular						
4.3	Heart sounds	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal								
4.4	Peripheral pulses	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal								
4.5	Cardiac Risk Level Category 1 only:- (<i>See Cardiovascular chapter</i>)									

	DATA
Age / sex ▶	
Smoker ▶	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood pressure (systolic) ▶	
Total cholesterol ▶	
HDL ▶	
Total cholesterol/HDL ratio ▶	
HbA1c (diabetes) ▶	<input type="checkbox"/> Yes <input type="checkbox"/> No
RISK LEVEL ▶	
Other considerations e.g. physical activity, diet, symptoms, family and past history, co-morbidity, work conditions	

