

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.
- NB: If the outcome is Temporarily or Permanently Unfit, and/or if the drug or alcohol test is positive, a copy of Part B should be directed to Transport for New South Wales Learning and Development Branch email Learning@transport.nsw.gov.au.**
- 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	Alternative duties / redeployment
Job modification	Drug or alcohol test/assessment
Triggered review scheduled (e.g. Fit for Duty Subject to Review)	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.

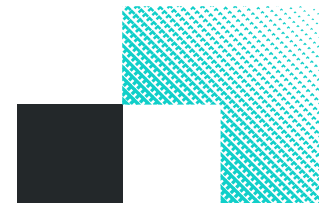
Portability of assessment result - worker to complete

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	Type of assessment	Current aids required	Worker identification
Category 1	Pre-placement / Change of Risk Category Periodic Health Assessment Triggered Health Assessment (refer Part A for details)	Corrective lenses	I have sighted the worker's photo ID (e.g. driver's licence, passport) ID type and number:
Category 2		Hearing aids	
Category 3		Other specify:	

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
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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	Drug or alcohol testing (if required)
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).	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
Fit for Duty Subject to Review	Review requirements (as applicable)
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).	Date of next review A review appointment with AHP should be scheduled by (date):
Temporarily Unfit for Duty	Nature of review assessment
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.	Full medical assessment Assessment for specific medical condition(s) Review of aids (hearing or vision)
Permanently Unfit for Duty	Reports and/or tests required
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).	Local doctor report/s Specialist report/s Test results
Job modification (Fit for Duty Subject to Review)	Additional requirements for review, management
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	CMO review Referral to hearing conservation program (operator to action) Other (provide detail below)
Authorised Health Professional	Alternative duties (Temporarily Unfit for Duty)
Name: _____ Address: _____ Signature: _____ Date of AHP assessment: _____	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
	Reviewing Authorised Health Professional, Occupational Physician or Chief Medical Officer (if applicable)
	Name: _____ Address: _____ Signature: _____ Date of review: _____