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IMPORTANT INFORMATION

TO THE CONTRACTOR/WORKER

- You are required to attend a health assessment to assess your fitness to work 'around the track' at your transport agency.
- Please ensure that you take to the appointment any spectacles, contact lenses, hearing aids or any other aids required for your work.
- The health assessment will include an AS/NZS 4308:2008 urine drug test and an alcohol breath test. Contractors who return a positive urine drug or an alcohol breath test reading greater than zero will be certified temporarily unfit until such time as you have successfully completed the drug and alcohol rehabilitation program for contractors. Details of the program requirements are available from the RailSafe website at https://railsafe.org.au/
- The authorised health service provider may ask your permission to speak to your general practitioner or treating specialist and if you agree, will then ask you to sign a document providing written consent to such contact.
- If the authorised health service provider finds or suspects something is wrong with your health that you did not know about, they will ask permission to inform your doctor. The examining health professional will not treat any medical condition but will give you a letter to take to your own health professional.
- If the authorised health service provider finds that you do not meet all relevant medical criteria, your manager and your transport agency may discuss the appropriate action to be taken.

TO THE CONTRACTOR/WORKER - DISCLOSURE OF HEALTH INFORMATION

Please read carefully and sign below to indicate your understanding of how your health assessment information will be reported, stored and accessed.

The authorised health service provider securely retains all detailed medical papers relating to your health assessment including your test results and the completed record of clinical findings. The authorised health service provider sends only completed Part B Report form and the drug and alcohol test results direct to your firm and your transport agency to indicate your fitness to work 'around the track'. The details of your health assessment will remain confidential and will only be reported to your firm and to your transport agency in terms of your fitness to work 'around the track', unless you give the health service provider a separate, specific written authorisation to disclose any relevant medical information that impacts on your ability to do your job.

The exception to the above is that the Chief Health Officer (CHO) or nominated representative of your transport agency may access your full medical records and test results to aid in the management of your health in relation to your work, or for audit purposes, or to compile statistics. The CHO or nominated representative must maintain the confidentiality of these records and ensure they are not made available to, or discussed with any person within the transport agency.

Other than the above, no information will be disclosed to your firm or any other person or organisation without your written permission, except where:

- a notifiable disease is diagnosed which must by law, be reported to the State authorities; or
- a report is subject to subpoena or a statutory disclosure requirement; or
- the rail safety regulator (or another person) is required to conduct an inquiry into a railway accident or incident; or
- a person or organisation is appointed to conduct an audit of the health service provider's compliance with the National Standard for Health Assessment of Rail Safety Workers; or
- de-identified statistical information related to your transport agency's health assessment process is compiled and provided to your transport agency; or
- there is another lawful purpose.

Information collected on this form is subject to privacy laws such as Health Records and Information Privacy Act 2002 (NSW), and Privacy and Personal Information Protection Act 1998 (NSW). Transport agency protects and holds all health and personal information in accordance with policies and procedures. You have the right to access your health records including those held by the authorised health professional and the records held by your transport agency.

CONTRACTOR/WORKERS DECLARATION

I,…… (print name) certify that I have read and understood the above statement concerning the disclosure of my health Information. I understand that if the outcome of the health assessment is temporarily or permanently unfit, or if the drug or alcohol test is positive, a copy of Part B of this form is sent to Transport for New South Wales Learning and Development Branch to manage Rail Industry Worker Card. I agree that this declaration cannot be withdrawn to avoid the consequences of not passing a medical assessment and/or failing a drug or alcohol test.

…….…..…. (Print name) Signature:…… Date ……. /……../20…….

TO THE CONTRACTOR'S FIRM

Please complete all relevant details in Part A of this form including:

- personal details of the worker/applicant
- appointment details, once these are confirmed by the health service provider after you have booked the appointment
- health questionnaire
- work tasks.

Also complete Portability section of Part B either before the appointment, or whilst with the examining health professional.

Note: To be certain that the individual is fit for rail safety work, the health assessment should be finalised before any relevant training course is booked. Note that the urine drug test results will take at least two days to be available and that the health assessment cannot be finalised without these results.

The authorised health service provider needs to be provided with the original of this form, at least three business days in advance of the scheduled appointment.

TO THE HEALTH PROFESSIONAL

You are requested to conduct a health assessment to assess the worker's/applicant's fitness for 'Around the Track' Category 3 work in accordance with:

- details provided in Part A of this form,
- the National Standard for Health Assessment of Rail Safety Workers, and
- Authorised health professional terms of reference

Please perform the assessment, complete Part B of this form and return it to the nominated contact at the contracting firm according to the instructions in Part A.

NB: **If the outcome is temporarily or permanently unfit, or if the drug or alcohol test is positive, a copy of Part B should be faxed to Transport for New South Wales Learning and Development Branch on 02 9752 8951 or emailed to Learning@transport.nsw.gov.au**

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PART A – REQUEST FORM – RAIL INDUSTRY SAFETY INDUCTION EXAMINATION REQUIRED FOR CONTRACTOR

TO: Name of Examiner/Location	
RE: Proposed Examination on (Date/Time)	
Type of Health Assessment Required	**CAT 3 Pre-placement** ☑

SEND INVOICE & HEALTH ASSESSMENT REPORT TO

Nominated Manager's name		**Phone**	
		Mobile	
Name of firm:		**Fax**	
Postal Address			
Postcode:		**Email:**	

CONTRACTOR DETAILS

Family Name:	**First Names:**
Address:	
Postcode:	**Date of Birth:**
Transport agency:	

PROPOSED WORK IN

Describe the work the contractor will be doing for the transport agency:

.....

.....

.....

.....

.....

Describe any additional WH&S requirements: .....

.....

TASK RISK ASSESSMENT FOR CONTRACTOR

Competency / qualification	Colour vision requirements	Risk category
RISI (Rail Industry Safety Induction)	NIL	**3**

TESTS/SERVICES ORDERED

ATTP IN UNCONTROLLED ENVIRONMENT ▸	**Tests for CAT-3** ☑	
All pre-placement health assessments & changing to higher risk category health assessments ▸	***AS/NZS4308:2008* drug test from accredited laboratory** ☑	**Alcohol breath test** ☑ **Note: contractor will have to record a breath alcohol reading of zero.**

Step 1 – Make an appointment for your health assessment	
• You may select any service from the list of authorised health providers posted at https://www.riw.net.au/authorised-health-professionals/. An examination performed by a non-authorised health provider will not be accepted by the transport agency. • Enter details of your appointment below as a reminder.	
Time	
Date	
Name and address of health provider	

Step 2 – Complete the health questionnaire on the following page(s)
• The questionnaire is a screening tool to help identify conditions that might affect the performance of rail safety work.

Step 3 – Attend the health assessment
Take with you to your health assessment appointment: • The health questionnaire (completed but not signed) • A list of all medications you are taking, including over-the-counter medicines. • Any relevant medical reports or test results • Your HbA1c and/or blood sugar record (if you are diabetic) • Photo identification (Driving Licence or Passport) • Any spectacles, contact lenses, hearing aids or any other aids required for your work.

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COMPLETE ALL THE ANSWERS TO THIS QUESTIONNAIRE BEFORE ATTENDING THE MEDICAL EXAMINATION. SIGN THE FOLLOWING DECLARATION WHEN YOU ARE WITH THE EXAMINING HEALTH PROFESSIONAL.

I, ……..(Print Name) certify that to the best of my knowledge all the information supplied in the following questionnaire is true and correct.

Signature of worker…… Date: ……../……/……..20……..	Witnessed by Health Professional…… Date: ……../……/……..20……..

1	HEALTH QUESTIONNAIRE (Worker/applicant to complete) Medical History - Have you ever had, or been told by a doctor that you had, any of the following:	NO	YES	Doctor comments
1.1	Difficulty seeing or any vision disorder	☐	☐	
1.2	Loss of hearing	☐	☐	
1.3	Limitation walking	☐	☐	
1.4	Blackout or loss of consciousness	☐	☐	
1.5	Epilepsy or experienced a seizure or fit	☐	☐	
1.6	Heart disorder	☐	☐	
1.7	Diabetes	☐	☐	
1.8	Psychiatric or psychological disorder	☐	☐	
1.9	Cognitive disorder or head injury	☐	☐	
1.10	Do you drink alcohol? If yes:	☐	☐	
1.10a	How many days per week do you drink alcohol; and	…….		
1.10b	How many standard drinks do you have on each occasion	…….		
1.11	Used illicit drugs	☐	☐	
1.12	List all medications that you take			
1.13	Other serious illnesses	☐	☐	

2	This relates to your work tasks	NO	YES	Doctor comments
2.1	Have you experienced difficulty completing any tasks required for your work (e.g. walking on ballast, hearing train instructions?) *(If **YES**, briefly describe)*	☐	☐	
2.2	Have you been involved in any accidents or near misses at work in the period since your last assessment? *(If **YES**, briefly describe)*	☐	☐	

PART B HEALTH ASSESSMENT REPORT – *Authorised Health Professional to complete*
Part B form is used for Pre-employment, Periodic and Change of Category Health Assessment Only.

Health Assessment Category / Type	☐ CAT 1 ☐ CAT 2 ☐ CAT 3	
	☐ Pre-employment ☐ Periodic ☐ Change of Category	
Assessment progress	☐ Interim ☐ Final	Expiry Date ……..

Contractor Detail

Family Name:	**First name:**	**Date of Birth:**
☐ **I have sighted workers Photo ID**	**RIW Number:**	**Appointment Date:**
ID Type & Number: ……..	**Transport Agency / Department (if applicable):**	

I certify that the worker has been examined in 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 medical criteria for rail safety work

☐ **FIT for DUTY - CONDITIONAL**
- ☐ Conditional on corrective lenses being worn
- ☐ Conditional on hearing aid is being worn
- ☐ Other condition - specify ……

☐ **FIT for DUTY SUBJECT to REVIEW**
Does not meet all medical criteria, but could perform current duties if reviewed more frequently.
- ☐ Triggered by AHP for specific medical condition(s)
- ☐ Full medical assessment
- ☐ Local doctor report only
- ☐ Awaiting specialist reports/tests

☐ **FIT for DUTY SUBJECT to JOB MODIFICATION**
Does not meet all medical criteria but could perform current duties if suitable job modifications were made.
- ➢ I recommend the following job modifications and timeframes ……
  ……
  ……
  - ☐ As per WorkCover Certificate

☐ **PERMANENTLY UNFIT for DUTY**
Does not meet the medical criteria for current duties and cannot perform these duties in the foreseeable future (>12 months)
- ➢ Recommendations for management and review:

  ……
  ……

☐ **TEMPORARILY UNFIT for DUTY**
Does not meet all medical 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.
- ➢ Recommendations for management and review:
  ……

Drug and Alcohol Screening (if required)	**Neg.**	**Pos.**
Drug Test	☐	☐
Alcohol Breath Test	☐	☐

Colour Vision
☐ Colour Vision Normal ☐ Unfit for Colour Critical Work
☐ Colour Vision Safe A ☐ Not Assessed
☐ Colour Vision Safe B

Additional advice:
☐ Unfit for Cat 1 & Cat 2, but fit for Cat 3.
☐ Unfit for cat 1, 2 & 3 work, but fit to work outside the danger zone.
☐ Has a condition which may have an effect on non-safety tasks.
☐ Other ……

Portability of Assessment Result – Worker to complete
I …… give permission for the self-assessment to be forwarded to another rail transport operator as confirmation of fitness for duty
Signature……Date ……/……../……..

Authorised Health Professional
Name: ……
Address: ……
Signature……Date ……/……../……..

Reviewing Physician
Name: …… ……
Address: …… ……
Signature…… ……Date ……/……../……..