



Rail Safety Worker Health Assessment Category 1 and 2

RECORD FOR HEALTH PROFESSIONAL

Rail worker's name: _____

Date: _____

Name of rail transport operator: _____

CONFIDENTIAL:

For privacy reasons the completed form should be retained by the Authorised Health Professional (AHP) and not returned to the rail transport operator (RTO).

PART A. HEALTH ASSESSMENT REQUEST (rail transport operator to complete)**1. WORKER / APPLICANT DETAILS**

Family name: _____

First names: _____

Employee no: _____

Date of birth: _____

Risk Category: _____

Category 1

Category 2

2. CATEGORY 1 PATHOLOGY TESTS

Conducted at: _____

Date of appointment: _____

PART B. PATIENT CONSENT (worker to complete)

The AHP should obtain and record the worker's informed consent to consult with the worker's general practitioner or other treating health professional if required.

I, _____ (print name)

give

do not give

(please indicate)

permission for the Authorised Health Professional to contact my general practitioner or other treating health professionals to discuss or clarify information relating to my current health status.

Signature: _____

Provide contact details below

(1) Name of health professional: _____

(2) Name of health professional: _____

Phone: _____

Phone: _____

IMPORTANT:

- The health assessment and documentation must be completed by an Authorised Health Professional (medical practitioner) and signed and dated accordingly.
- In order to undertake the assessment effectively, the Authorised Health Professional must also have access to the previous health assessment record.
- The Record for Health Professional form is designed to guide a Periodic Health Assessment. It may also be used for a Triggered Health Assessment, acknowledging that the scope of that assessment is likely to focus on a particular concern or health issue.
- The form is set out according to the main health requirements for Category 1 and Category 2 Safety Critical Workers, with reference to the relevant sections of the Standard. It includes health screening requirements and areas to record the status of existing health conditions.
- It is not a checklist and not all fields will be relevant to all workers and all assessments. Please refer to the Standard for detailed assessment and review requirements. For example, the cardiac risk score should only be conducted for Category 1 Safety Critical Workers aged 30 years and over who don't have known cardiac disease or symptoms, and should only be repeated as defined in the Standard.

Rail worker's name: _____

Date: _____

PART C. EXAMINATION RECORD (Authorised Health Professional to complete)

| 1. HEARING (refer Section 4.4 of the Standard) | | | | | AHP COMMENTS |
|--|----------------------|---------|----------------------|---------|---|
| 1.1. Hearing issues identified on Health Questionnaire, general history or workplace reports? | | Yes | No | | Include comments regarding management of existing hearing issues, including specialist reports. |
| Provide details under AHP comments, including stability of condition. | | | | | |
| 1.2. Are hearing aids worn? | | Yes | No | | |
| 1.3. Results for pure tone audiometry | | | | | |
| Category 1 and 2 workers with hearing aids to be tested as per Section 4.4.4 of the Standard | | | | | |
| | 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 | | | | | |
| Hearing loss averaged over 0.5, 1, 2 and 4 kHz in better ear: | | | | | |
| 1.4. Further investigation | | | | | |
| Speech discrimination test required? | | | | | |
| No | Yes, speech in noise | | Yes, speech in quiet | | |
| Details: | | | | | |
| 1.5. Referral to hearing conservation program? | | Yes | No | | |
| Details: | | | | | |

| 2. VISION (refer Section 4.13 of the Standard) | | | | | AHP COMMENTS |
|---|----|-----------|----------|--|--|
| 2.1. Vision issues identified on Health Questionnaire, general history or workplace reports? | | Yes | No | | Include comments regarding management of existing vision issues, including specialist reports. |
| Provide details under AHP comments, including stability of condition. | | | | | |
| 2.2. Visual aids | | | | | |
| Are glasses worn? | | Yes | No | | |
| Are contact lenses worn? | | Yes | No | | |
| 2.3. Visual acuity assessment | | | | | |
| Uncorrected | | Corrected | | | |
| R | L | R | L | | |
| 6/ | 6/ | 6/ | 6/ | | |
| 2.4. Visual fields (confrontation to each eye) | | Normal | Abnormal | | |
| 2.5. Colour vision required? | | Yes | No | | |
| If required conduct Ishihara (≥ 3 errors / 12 screening plates is a fail) | | Pass | Fail | | |
| If fail (as appropriate for task): | | | | | |
| • Railway LED Lantern test 6 m (Colour Vision Normal) | | Pass | Fail | | |
| • Railway LED Lantern test 3 m (Colour Vision Safe A) OR | | Pass | Fail | | |
| • Farnsworth D15 (Colour Vision Safe B) | | Pass | Fail | | |
| 2.6. Referral for investigation/management? | | Yes | No | | |
| Details: | | | | | |

Rail worker's name: _____

Date: _____

| 3. CARDIOVASCULAR SYSTEM (refer Section 4.2 of the Standard) | | | | | AHP COMMENTS |
|--|--|--|---------|-----------|--|
| 3.1. Cardiovascular issues identified in Health Questionnaire, general history or workplace reports? | | Yes | No | | Include comments regarding management of existing cardiovascular conditions, including specialist reports. Include other considerations e.g. physical activity, diet, symptoms, past history, comorbidities, work conditions, recent COVID-19 infection and indigenous status |
| Provide details under AHP comments. | | | | | |
| 3.2. Family history | | Yes | No | | |
| 3.3. Blood pressure | | Repeated (if necessary) | | | |
| Systolic | Systolic | | | | |
| Diastolic | Diastolic | | | | |
| 3.4. Pulse rate | | bpm | Regular | Irregular | |
| 3.5. Heart sounds | | Normal | | | |
| 3.6. Peripheral pulses | | Normal | | | |
| 3.7. Resting ECG (Category 1) | | Normal | | | |
| 3.8. Calculation of Cardiac Risk Level (refer Section 4.2.2 of the Standard) (Category 1 workers 30 years and over, without existing CVD) (www.cvdcheck.org.au) | | | | | |
| Clinically determined high risk Clinical conditions that automatically confer high risk. | | | | | |
| Moderate-severe chronic kidney disease | Familial hypercholesterolaemia | Neither present | | | |
| Age | yrs | Sex at birth | Female | Male | |
| Smoking status | | | | | |
| Never smoked | Previously smoked (ceased >1 year ago) | Currently smokes (or ceased ≤1 year ago) | | | |
| Systolic blood pressure (from above) | | | | | |
| Ratio of total cholesterol to HDL cholesterol | | | | | |
| Total mmol/L | HDL mmol/L | Ratio | | | |
| Diabetes | Yes | No | HbA1c | | |
| Use of CVD medicines within last 6 months | | | | | |
| Blood pressure-lowering medicines | Lipid-modifying medicines | | | | |
| Antithrombotic medicines | None | | | | |
| History of atrial fibrillation | | Yes | No | | |
| Postcode: | | | | | |
| 3.9. Referral for investigation/management? | | Yes | No | | |
| Details: | | | | | |

| 4. DIABETES (refer Section 4.3 of the Standard) | | | | | AHP COMMENTS |
|---|--|-----|----|--|---|
| 4.1. Diabetes identified in Health Questionnaire (self-report) or general history? | | Yes | No | | Include comments regarding management and control of existing diabetes, including specialist reports. |
| 4.2. Diabetes screen (see below for existing diabetes) | | | | | |
| Has diabetes based on HbA1c (above)? | | Yes | No | | |
| Positive urine glucose test (Category 2) | | Yes | No | | |
| 4.3. Existing diabetes | | | | | |
| Satisfactory control? | | Yes | No | | |
| Clarke Questionnaire: Less than 4 'R' responses? (if applicable) | | Yes | No | | |
| 4.4. Referral for investigation/management? | | Yes | No | | |
| Details: | | | | | |

Rail worker's name: _____

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| 5. MUSCULOSKELETAL (refer Section 4.5 of the Standard) | | | AHP COMMENTS |
|---|--------|----------|--|
| 5.1. Musculoskeletal issues identified on Health Questionnaire, general history or workplace reports? | Yes | No | Include comments regarding management of existing musculoskeletal disorders, including specialist reports. |
| 5.2. Musculoskeletal screening assessment* | | | |
| Spine | | | |
| Cervical spine movements | Normal | Abnormal | |
| Back movements | Normal | Abnormal | |
| Upper limbs | | | |
| Appearance | Normal | Abnormal | |
| Joint movements | Normal | Abnormal | |
| Lower limbs | | | |
| Appearance | Normal | Abnormal | |
| Joint movements | Normal | Abnormal | |
| Gait | Normal | Abnormal | |
| Balance | | | |
| Romberg's test | Normal | Abnormal | |
| 5.3. Referral for investigation/management? | Yes | No | |
| Details: | | | |

* Note: Musculoskeletal requirements are task dependent.

| 6. NEUROLOGICAL SYSTEM (refer Sections 4.6, 4.7, 4.8 of the Standard) | | | AHP COMMENTS |
|--|--------|----------|---|
| 6.1. Neurological issues or cognitive impairment identified on Health Questionnaire, general history or workplace reports? | Yes | No | Include comments regarding nature and management of existing neurological conditions, including specialist reports. |
| 6.2. Is there any presence of tremor? | Yes | No | |
| 6.3. Balance (Romberg's test) | Normal | Abnormal | |
| 6.4. Referral for investigation/management? | Yes | No | |
| Details: | | | |

| 7. NEURODEVELOPMENTAL DISORDERS (refer Section 4.9 of the Standard) | | | AHP COMMENTS |
|--|-----|----|---|
| 7.1. Neurodevelopmental issue (ADHD, autism or other developmental condition) identified on Health Questionnaire, general history or workplace report? | Yes | No | Include comments regarding management of existing neurodevelopmental disorders, including specialist reports. |
| 7.2. Referral for investigation/management? | Yes | No | |
| Details: | | | |

| 8. PSYCHOLOGICAL HEALTH (refer Section 4.10 of the Standard) | | | AHP COMMENTS |
|---|--|----|---|
| 8.1. Psychological issue identified on Health Questionnaire, general history or workplace report? | Yes | No | Include comments regarding management of existing psychiatric conditions, including specialist reports. |
| 8.2. Anxiety & depression screen – K10 Questionnaire (Question 4.7 of Health Questionnaire) | | | |
| K10 Questionnaire Score:** | | | |
| Zone I (10-18) | Fit for Duty | | |
| Zone II (19-24) | Fit for Duty Subject to Review | | |
| Zone III (25-29) – Refer to GP and/or counselling | Fit for Duty Subject to Review OR Temporarily Unfit for Duty | | |
| Zone IV (30-50) – Refer for assessment | Temporarily Unfit for Duty | | |

 ** Note: All clinical findings need to be integrated to result in a final Fitness for Duty categorisation in Section 13.
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| | | |
|--|-----|----|
| 8.3. Existing psychological condition | | |
| Satisfactory control? | Yes | No |
| 8.4. Is attitude, speech and behaviour appropriate? | Yes | No |
| 8.5. Referral for investigation/management? | Yes | No |
| Details: | | |

| 9. SLEEP (refer Section 4.11 of the Standard) | | AHP COMMENTS |
|--|--|--|
| 9.1. Sleep disorder self-identified on Health Questionnaire or general history? | Yes No | Include comments regarding management of existing sleep disorders, including specialist reports. |
| 9.2. Potential sleepiness identified in ESS, workplace reports or incidents? | Yes No | |
| ESS score (from Question 5.5 of Health Questionnaire): | | |
| 9.3. Sleep apnoea risk assessment | | |
| Clinical Measures | Weight: kg Height: m | |
| BMI: kg/m ² Neck circumference: cm | | |
| STOP-Bang Questionnaire (numbers below refer to relevant questions in Health Questionnaire - validate verbally as required) | | |
| | | Score 1 for each YES |
| S Does the worker snore? (Qu 5.1) | Yes No | |
| T Does the worker often feel tired, fatigued or sleepy during the daytime? (Qu 5.2) | Yes No | |
| O Has anyone observed the worker stop breathing or choking/gasping during sleep? (Qu 5.3) | Yes No | |
| P Is the workers under treatment for high blood pressure? (see above - Item 3.8) | Yes No | |
| B BMI ≥ 35? (see above) | Yes No | |
| A Age ≥ 50? | Yes No | |
| N Neck circumference ≥ 40cm? (see above) | Yes No | |
| G Gender male? | Yes No | |
| Total score (see below for categorisation): | | |
| 9.4. Fitness for Duty categorisation based on sleep assessment* | | |
| ESS score 0-10 (normal range) | | |
| No other symptoms / risk factors (STOP-Bang <3) / incidents | Fit for Duty | |
| Plus other symptoms / risk factors (STOP-Bang ≥3) / incidents | Fit for Duty Subject to Review OR Temporarily Unfit for Duty | |
| ESS score 11-15 (mild to moderate sleepiness) | | |
| No other symptoms / risk factors (STOP-Bang <3) / incidents | Fit for Duty | |
| Plus other symptoms / risk factors (STOP-Bang ≥3) / incidents | Fit for Duty Subject to Review OR Temporarily Unfit for Duty | |
| ESS score ≥ 16 (moderate to severe sleepiness) | | |
| Temporarily Unfit for Duty | | |

* Note: All clinical findings need to be integrated to result in a final Fitness for Duty categorisation in Section 13.

Rail worker's name:

Date:

| | | |
|---|-----|----|
| 9.5. Existing sleep disorder | | |
| Compliance with treatment and satisfactory response | Yes | No |
| 9.6. Referral for investigation/management? | | |
| Polysomnography | Yes | No |
| Specialist referral | Yes | No |
| MWT | Yes | No |
| Details: | | |

| 10. SUBSTANCE MISUSE (refer Section 4.12 of the Standard) | | | AHP COMMENTS |
|---|---|----|---|
| 10.1. Substance misuse issue identified on Health Questionnaire, general history or workplace reports? | Yes | No | Include comments regarding management of existing substance misuse, including specialist reports. |
| 10.2. Alcohol misuse screening | Yes | No | |
| AUDIT Score (from Question 6.1 of Health Questionnaire):* | | | |
| Zone I (0-7) – Alcohol education | Fit for Duty Unconditional | | |
| Zone II (8-15) – Simple advice | Fit for Duty Subject to Review | | |
| Zone III (16-19) – Brief counselling and continued monitoring | Fit for Duty Subject to Review OR Temporarily Unfit for Duty | | |
| Zone IV (20-40) – Diagnostic evaluation and treatment | Temporarily Unfit for Duty | | |
| 10.3. Drug/alcohol test** | Yes | No | |
| Drug test Details and result: | | | |
| Alcohol breath test Details and result: | | | |
| 10.4. Existing substance misuse | | | |
| Satisfactory control? | Yes | No | |
| 10.5. Referral for investigation/management? | Yes | No | |
| Details: | | | |

* Note: All clinical findings need to be integrated to result in a final Fitness for Duty categorisation in Section 13.

** Note: Drug/alcohol tests are not routinely conducted for Periodic Health Assessments. They may be conducted at Pre-placement and Change of Grade Health Assessments, or for Triggered Health Assessments if specifically ordered or indicated.

Rail worker's name: _____

Date: _____

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.

11. SIGNIFICANT FINDINGS

12. FURTHER INVESTIGATIONS / REFERRAL REQUIRED

Summarise here the requirements for investigation and management described above.

13. 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 Subject to Review (describe the reasons and nominate date for review)

Temporarily Unfit for Duty (describe reasons, contact the rail transport operator immediately)

Permanently Unfit for Duty (describe the reasons, contact the rail transport operator immediately)

14. CONTACT WITH WORKER'S TREATING HEALTH PROFESSIONALS

Was the worker's GP or other treating health professional contacted (with their consent)?

Yes

No

Provide brief notes regarding discussion:

15. OTHER CLINICAL NOTES

Authorised Health Professional

Name: _____

Address: _____

Signature: _____

Date of assessment: _____