

## 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			
<b>1.1. Hearing issues identified on Health Questionnaire, general history or workplace reports?</b>	Yes	No	Include comments regarding management of existing hearing issues, including specialist reports.		
Provide details under AHP comments, including stability of condition.					
<b>1.2. Are hearing aids worn?</b>	Yes	No			
<b>1.3. Results for pure tone audiometry</b>					
Category 1 and 2 workers with hearing aids to be tested as per Section 4.4.4 of the Standard					
	<b>0.5 kHz</b>	<b>1.0 kHz</b>		<b>1.5 kHz</b>	<b>2.0 kHz</b>
Right					
Left					
	<b>3.0 kHz</b>	<b>4.0 kHz</b>		<b>6.0 kHz</b>	<b>8.0 kHz</b>
Right					
Left					
Hearing loss averaged over 0.5, 1, 2 and 4 kHz in better ear:					
<b>1.4. Further investigation</b>					
Speech discrimination test required?					
No	Yes, speech in noise	Yes, speech in quiet			
Details:					
<b>1.5. Referral to hearing conservation program?</b>	Yes	No			
Details:					

2. VISION (refer Section 4.13 of the Standard)		AHP COMMENTS		
<b>2.1. Vision issues identified on Health Questionnaire, general history or workplace reports?</b>	Yes	No	Include comments regarding management of existing vision issues, including specialist reports.	
Provide details under AHP comments, including stability of condition.				
<b>2.2. Visual aids</b>				
Are glasses worn?	Yes	No		
Are contact lenses worn?	Yes	No		
<b>2.3. Visual acuity assessment</b>				
<b>Uncorrected</b>		<b>Corrected</b>		
R	L	R		L
6/	6/	6/		6/
<b>2.4. Visual fields (confrontation to each eye)</b>		Normal		Abnormal
<b>2.5. Colour vision required?</b>		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		
<b>2.6. Referral for investigation/management?</b>	Yes	No		
Details:				

Rail worker's name: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

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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*			
<b>Spine</b>			
Cervical spine movements	Normal	Abnormal	
Back movements	Normal	Abnormal	
<b>Upper limbs</b>			
Appearance	Normal	Abnormal	
Joint movements	Normal	Abnormal	
<b>Lower limbs</b>			
Appearance	Normal	Abnormal	
Joint movements	Normal	Abnormal	
Gait	Normal	Abnormal	
<b>Balance</b>			
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. 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		

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<b>8.3. Existing psychological condition</b>		
Satisfactory control?	Yes	No
<b>8.4. Is attitude, speech and behaviour appropriate?</b>	Yes	No
<b>8.5. Referral for investigation/management?</b>	Yes	No
Details:		

<b>9. SLEEP (refer Section 4.11 of the Standard)</b>		<b>AHP COMMENTS</b>
<b>9.1. Sleep disorder self-identified on Health Questionnaire or general history?</b>	Yes	No
<b>9.2. Potential sleepiness identified in ESS, workplace reports or incidents?</b>	Yes	No
ESS score (from Question 5.5 of Health Questionnaire):		Include comments regarding management of existing sleep disorders, including specialist reports.
<b>9.3. Sleep apnoea risk assessment</b>		
<b>Clinical Measures</b>	Weight: kg Height: m	
BMI:	kg/m <sup>2</sup> Neck circumference: cm	
<b>STOP-Bang Questionnaire (numbers below refer to relevant questions in Health Questionnaire - validate verbally as required)</b>		
Score 1 for each YES		
<b>S</b> Does the worker snore? (Qu 5.1)	Yes No	
<b>T</b> Does the worker often feel tired, fatigued or sleepy during the daytime? (Qu 5.2)	Yes No	
<b>O</b> Has anyone observed the worker stop breathing or choking/gasping during sleep? (Qu 5.3)	Yes No	
<b>P</b> Is the workers under treatment for high blood pressure? (see above - Item 3.8)	Yes No	
<b>B</b> BMI ≥ 35? (see above)	Yes No	
<b>A</b> Age ≥ 50?	Yes No	
<b>N</b> Neck circumference ≥ 40cm? (see above)	Yes No	
<b>G</b> Gender male?	Yes No	
Total score (see below for categorisation):		
<b>9.4. Fitness for Duty categorisation based on sleep assessment*</b>		
<b>ESS score 0-10 (normal range)</b>		
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	
<b>ESS score 11-15 (mild to moderate sleepiness)</b>		
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	
<b>ESS score ≥ 16 (moderate to severe sleepiness)</b>		
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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<b>9.5. Existing sleep disorder</b>		
Compliance with treatment and satisfactory response	Yes	No
<b>9.6. Referral for investigation/management?</b>		
Polysomnography	Yes	No
Specialist referral	Yes	No
MWT	Yes	No
Details:		

<b>10. SUBSTANCE MISUSE</b> (refer Section 4.12 of the Standard)			<b>AHP COMMENTS</b>
<b>10.1. Substance misuse issue identified on Health Questionnaire, general history or workplace reports?</b>	Yes	No	Include comments regarding management of existing substance misuse, including specialist reports.
<b>10.2. Alcohol misuse screening</b>	Yes	No	
<b>AUDIT Score</b> (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		
<b>10.3. Drug/alcohol test**</b>	Yes	No	
<b>Drug test</b> Details and result:			
<b>Alcohol breath test</b> Details and result:			
<b>10.4. Existing substance misuse</b>			
Satisfactory control?	Yes	No	
<b>10.5. Referral for investigation/management?</b>	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.

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## 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: \_\_\_\_\_