

# Employee or Contractor Health Assessment Examination Record Form



Transport  
for NSW

**CONFIDENTIAL**

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)

Employee	<input type="checkbox"/> CAT 1	<input type="checkbox"/> CAT 2	<input type="checkbox"/> CAT 3	Date	
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Contractor	<input type="checkbox"/> CAT 1	<input type="checkbox"/> CAT 2	<input type="checkbox"/> CAT 3		
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## Worker / Applicant Details

Family name		First names	
Employee No		Date of birth	
Transport agency			

## Examination

## Results

### ALL Categories 1, 2 and 3

<b>1. General Appearance</b>	Sex	Height.....m	Weight.....Kg	BMI.....Kg/m <sup>2</sup>					
<b>2. Vision</b>									
2.1 Visual acuity									
Glasses worn?	<input type="checkbox"/> No <input type="checkbox"/> YES	<b>Uncorrected</b>		<b>Corrected</b>					
Contact lens worn?	<input type="checkbox"/> No <input type="checkbox"/> YES	R 6/.....	L 6/.....	R 6/..... L 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 1st test:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail							
	Farnsworth D15 2nd test	<input type="checkbox"/> Pass <input type="checkbox"/> Fail							
	Farnsworth D15 3rd test: (if necessary):	<input type="checkbox"/> Pass <input type="checkbox"/> Fail							
<b>3. Hearing (testing without aids)</b>	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

<b>4. Cardiovascular System</b>				
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 <b>Cardiac Risk Level Category 1 only: - (See Cardiovascular chapter)</b>				

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

# Employee or Contractor Health Assessment Examination Record Form



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Examination		Results	
Categories 1 and 2 only		NORMAL	ABNORMAL
5.	Chest Lungs	<input type="checkbox"/>	<input type="checkbox"/>
6.	Abdomen (Liver)	<input type="checkbox"/>	<input type="checkbox"/>
All Categories 1, 2 and 3		NORMAL	ABNORMAL
7.	Musculoskeletal/Neurological	<input type="checkbox"/>	<input type="checkbox"/>
7.1	Cervical spine movement	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Back movement	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Upper limbs	<input type="checkbox"/>	<input type="checkbox"/>
	(a) Appearance	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Joint Movements	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Lower limbs	<input type="checkbox"/>	<input type="checkbox"/>
	(a) Appearance	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Joint Movements	<input type="checkbox"/>	<input type="checkbox"/>
7.5	Gait	<input type="checkbox"/>	<input type="checkbox"/>
7.6	Romberg's test = a pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for thirty seconds	<input type="checkbox"/>	<input type="checkbox"/>
8.	<p><b>Drug Screen</b> = as per AS/NZS 4308:2008 for all applicants changing to higher risk category, contractors, and triggered assessments when specifically requested.</p> <p><b>Drug Screen Ordered?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p><b>Detected?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Result following consideration of medication:</p> <p><input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p>Breath alcohol of zero or higher?</p> <p><input type="checkbox"/> No = Negative</p> <p><input type="checkbox"/> Yes = Positive and breath test result was</p> <p>.....</p>
Categories 1 and 2 only		NORMAL	ABNORMAL
9.	<p><b>Psychological Health</b></p> <p>Is attitude, speech and behaviour appropriate?</p>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<b>Urinalysis</b>		
10.1	Protein	<input type="checkbox"/>	<input type="checkbox"/>
10.2	Glucose	<input type="checkbox"/>	<input type="checkbox"/>
<b>Relevant Clinical Findings and Action</b>			
<p>Note comments on any relevant findings detected in the questionnaire or the examination, making reference to the requirements of the Standard.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			
Signature of doctor		Print/stamp name:	Date: ...../...../20

**IMPORTANT NOTE TO THE HEALTH PROFESSIONAL:**  
 For Privacy reasons, the completed health assessment record MUST NOT be returned to the transport agency (other than to the Chief Health Officer or nominated representative if requested, who is required to maintain privacy). Please retain in the worker's health record file. 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).