Rail Safety Worker Health Assessment Category 1 and 2

WORKER NOTIFICATION AND HEALTH QUESTIONNAIRE

Rail worker's name:		Date:	
Name of rail transport operator:			

CONFIDENTIAL:
For privacy reasons the completed form must be retained by the Authorised Health Professional (AHP) and not returned to the Rail Transport Operator (RTO) or contracting firm.

Instructions to the worker or applicant

- You are required to attend a health assessment as part of your employment to assess your fitness for rail safety work. The health assessment must be completed by (date) to ensure that you can carry out or commence normal duties. The assessment will be conducted by an Authorised Health Professional (AHP).
- Please complete the enclosed questionnaire and provide it to the AHP. You must sign the last page of the questionnaire in the presence of the AHP.
- Please take to the appointment: glasses, hearing aid or any other aids required for your work; all medications you are currently taking or a list of these; and photo identification.
- If you are a Category 1 Safety Critical Worker, you must have a blood test as part of your Periodic Health Assessment. This test should take place at least 48 hours before the appointment with the AHP so that they have the results. Fasting is not required.
- The health assessment may include a drug and alcohol test (at Pre-employment or Triggered Health Assessment if indicated). If you return a positive drug or alcohol test, you will be categorised Temporarily Unfit for Duty until you have complied with your RTO's drug and alcohol policy requirements.
- The AHP may ask your permission to speak to your general practitioner or treating specialist. If you agree, the AHP will ask you to sign a document providing written consent to such contact.
- If the AHP finds or suspects something is wrong with your health that you did not know about, they will ask your permission to inform your doctor. The examining doctor will not treat any medical condition but will give you a letter to take to your doctor.
- If the AHP finds that you do not meet all relevant medical criteria, your supervisor at the RTO or contracting firm will discuss with you the appropriate actions to be taken.

Disclosure of health information – please read carefully and sign the declaration at the end of the form to indicate you understand how health information is reported, stored and accessed.

In line with privacy and health records legislation, the AHP retains and keeps confidential all detailed medical information relating to your health assessment, including your test results and the completed record of clinical findings. They do not disclose this information to your RTO or contracting firm unless you provide specific written authorisation. The AHP only sends the completed health assessment report to indicate your fitness for rail safety work.

The exception to the above is that the Chief Medical Officer (CMO) or a person authorised by the CMO 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 CMO or authorised representative must maintain the confidentiality of these records and ensure they are not made available to, or discussed with, any person within your RTO or contracting firm.

Other than the above, your personal information will not be disclosed to any other person or organisation without your written permission, except in any of the following circumstances:

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

You have the right to request access to the health records held by the AHP and reports held by the RTO.

Portability of health assessment reports: Your health assessment report cannot be shared with another RTO without your written consent.

Please sign the declaration at the end of the form to indicate your understanding of how your health information will be managed.

PART A. WORKER AND APPOINTMENT DETAILS (rail transport operator to complete)

Date of request:

1. WORKER / APPLICANT DETAILS

Family name:		First names:	
Employee no:		Date of birth:	

Risk Category: ☐ Category 1 ☐ Category 2

2. HEALTH ASSESSMENT APPOINTMENT DETAILS

Doctor / practice:			
Address:		Phone:	
Appointment date:		Time:	

3. TYPE OF ASSESSMENT REQUIRED

(tick one category and provide more information as required for Triggered Health Assessment)

☐ **Pre-placement / Change of Risk Category Health Assessment** (All applicants for rail safety work are required to have a health assessment as a requirement of employment)

☐ **Periodic Health Assessment** (All rail safety workers are required to undergo regular health assessments. The frequencies of assessments are defined in Section 2.2.6 of the Standard)

☐ **Triggered Health Assessment** (provide details below) (Rail safety workers may be required to undergo additional health assessments due to health concerns arising between Periodic Health Assessments, or the need to monitor an existing health condition as outlined in Section 2.2.6 of the Standard.) For more information about the reasons for the Triggered Health Assessment, please speak to your supervisor.

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.

PART B. HEALTH QUESTIONNAIRE (worker/applicant to complete)

This questionnaire must be completed to help assess your fitness for rail safety duties. Please answer the questions by ticking the appropriate box and providing the detail requested. If you are not sure, leave the question blank and ask the Authorised Health Professional (AHP) what it means. The AHP will ask you more questions during the assessment.

1. PLEASE PROVIDE YOUR HOME ADDRESS AND CONTACT DETAILS

Address:		Phone:	
		Email address:	

2. ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

☐ No ☐ Yes Aboriginal origin ☐ Yes Torres Strait Islander origin

3. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR EXPERIENCE AT WORK			AHP COMMENTS
3.1. **Have you experienced difficulty completing any tasks required for your work (e.g. concentrating, making decisions, seeing signals, walking on ballast, hearing train instructions)? If yes, please describe:**	☐ Yes	☐ No	

Rail worker's name: Date:

3.2. Have you experienced persistent symptoms such as feeling tired, drained or exhausted? If yes, please describe:	☐ Yes	☐ No
3.3. Have you been involved in any accidents or near misses at work? If yes, please describe:	☐ Yes	☐ No
3.4. Have you tested positive for drugs or alcohol (at work or elsewhere e.g., driving)? If yes, please describe:	☐ Yes	☐ No

4. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR HEALTH			**AHP COMMENTS**
4.1. Are you currently attending a health professional for any illness or injury? If yes, please describe:	☐ Yes	☐ No	
4.2. Are you currently taking any medications? If yes, please list:	☐ Yes	☐ No	
4.3. Since your last assessment have you started any new medication? (current employees only)	☐ Yes	☐ No	
4.4. Since your last assessment have you been admitted to hospital? If yes, please describe: (current employees only)	☐ Yes	☐ No	
4.5. Do you have or have you ever had:			
Blackouts or fainting	☐ Yes	☐ No	
High blood pressure	☐ Yes	☐ No	
Heart disease	☐ Yes	☐ No	
Chest pain, angina	☐ Yes	☐ No	
Any condition requiring heart surgery	☐ Yes	☐ No	
Abnormal shortness of breath or chest disease	☐ Yes	☐ No	
Palpitations / irregular heartbeat	☐ Yes	☐ No	
Diabetes	☐ Yes	☐ No	
Memory loss or difficulty with attention or concentration	☐ Yes	☐ No	
Head injury, spinal injury	☐ Yes	☐ No	
Stroke	☐ Yes	☐ No	
Seizures, fits, convulsions, epilepsy	☐ Yes	☐ No	

Rail worker's name: Date:

4.5. (continued) Do you have or have you ever had:		
Dizziness, vertigo, problems with balance	Yes	No
Neurodevelopmental disorder such as attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD) or other neurodevelopmental disorder	Yes	No
Psychiatric or psychological condition	Yes	No
Sleep disorder, sleep apnoea or narcolepsy	Yes	No
Hearing loss or deafness or had an ear operation or are using a hearing aid	Yes	No
Double vision, difficulty seeing, or difficulty adapting to changing light conditions	Yes	No
Vision disorder, including cataract, glaucoma, optic neuropathy and retinitis pigmentosa	Yes	No
Colour blindness	Yes	No
Neck, back or limb disorders	Yes	No
4.6. Have you ever had any other serious injury, illness, operation, or been in hospital for any reason? If yes, please describe briefly below.	Yes	No

4.7. These questions concern how you have been feeling over the <u>past 4 weeks.</u>
Tick the box to the right of each question that best represents how you have been feeling.

Please tick the answer that is correct for you over the past four weeks	All of the time (Score 5)	Most of the time (Score 4)	Some of the time (Score 3)	A little of the time (Score 2)	None of the time (Score 1)
a. About how often did you feel tired out for no good reason?					
b. About how often did you feel nervous?					
c. About how often did you feel so nervous that nothing could calm you down?					
d. About how often did you feel hopeless?					
e. About how often did you feel restless or fidgety?					
f. About how often did you feel so restless you could not sit still?					
g. About how often did you feel depressed?					
h. About how often did you feel that everything was an effort?					
i. About how often did you feel so sad that nothing could cheer you up?					
j. About how often did you feel worthless?					

AHP COMMENTS

Rail worker's name: Date:

5. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR SLEEP			AHP COMMENTS
5.1. Do you snore loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)? If yes, please describe:	Yes	No	
5.2. Do you often feel tired, fatigued, or sleepy during the daytime (such as falling asleep during driving or talking to someone)? If yes, please describe:	Yes	No	
5.3. Has anyone observed you stop breathing or choking/ gasping during your sleep? If yes, please describe:	Yes	No	
5.4. Have you ever been told by a doctor that you have a sleep disorder, sleep apnoea or narcolepsy? If yes, please describe:	Yes	No	

5.5. This question asks how likely you are to doze or fall asleep (rather than just feel tired) in a number of situations. Please tick the response that best applies to you for each situation in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you.

How likely are you to doze off or fall asleep (rather than just feeling tired) in the following situations?	Would never doze off (0)	Slight chance of dozing (1)	Moderate chance of dozing (2)	High chance of dozing (3)
a. Sitting and reading				
b. Watching TV				
c. Sitting inactive in a public place (e.g., a theatre or a meeting)				
d. As a passenger in a car for an hour without a break				
e. Lying down to rest in the afternoon when circumstances permit				
f. Sitting and talking to someone				
g. Sitting quietly after a lunch without alcohol				
h. In a car, while stopped for a few minutes in the traffic				

AHP COMMENTS

Rail worker's name: Date:

6. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR USE OF ALCOHOL, TOBACCO AND OTHER DRUGS

6.1. The following questions ask about your alcohol intake. For each question, please tick the answer that is correct for you.

	Scoring				
	(0)	(1)	(2)	(3)	(4)
a. How often do you have a drink containing alcohol?	Never (skip to Q6.2)	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
b. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7, 8 or 9	10 or more
c. How often do you have 6 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
d. How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
e. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
f. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
g. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
h. Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year
i. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

AHP COMMENTS

6.2. Do you smoke or have you ever been a smoker?

- I have never smoked cigarettes
- I previously smoked cigarettes — Quit date:
- I currently smoke cigarettes — Number of cigarettes per day:
- I currently vape

6.3. Have you ever used illicit drugs? Yes No

AHP COMMENTS

Rail worker's name: Date:

PART C. WORKER'S DECLARATION

WORKER'S DECLARATION – MANAGEMENT OF HEALTH INFORMATION

I, (print name)

certify that I have read and understood the statement concerning the management of the health information provided in this document. 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.

Signature: Date:

WORKER'S DECLARATION – ACCURACY OF INFORMATION PROVIDED

(To be completed by the worker in the presence of the Authorised Health Professional after completing the questionnaire)

I, (print name)

certify that, to the best of my knowledge, the information provided by me is true and correct.

Signature of worker:

Signature of AHP: Date: