



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:	Cardiac risk score:	%			
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: _____

Date: _____

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. 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.

Rail worker's name: _____

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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			
BMI:	kg/m ²	Neck circumference:	cm
Weight:	kg	Height	m
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):			
Note: If the worker scores ≥ 3 they must be referred for a sleep study. See section 9.4 for categorisation outcomes.			
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			

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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: