

	RAIL SAFETY WORKER HEALTH ASSESSMENT PRE-EMPLOYMENT CATEGORY 1,2 AND 3 REQUEST AND REPORT FORM	
L4-HMR-FOR-058	Version: 1	Effective from: 24 th July 2017

PART A. Request for Health Assessment – Employee to Complete

A health assessment is requested to assess fitness for rail safety duty.

EXAMPLE DOCUMENT ONLY

1. Rail transport operator details

Rail transport operator: Metro Trains Melbourne

Supervisor / contact:

Phone:

Facsimile:

Email:

Account and report to be sent to Supervisor at the following address (please insert postal address or fax no)

2. Worker / Applicant details

Family name:

First names:

Employee no. (if applicable):

Date of birth:

3. Worker's health assessment appointment details

Doctor / practice:

Address:

Phone:

Appointment date:

Time:

4. Assessment requirements

4.1. Risk Category / Level of assessment

Category 1

Category 2

Category 3

4.2. Description of duties (or see attached Job Description or Task Risk Assessment)

Approving Manager: Dir. People & Performance	Approval Date: 24/07/2017	Next Review Date: 24/07/2019
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PART A. (continued)

4.3. Type of assessment required (tick one)

Preplacement

Change of Risk Category health assessment

Please provide details of reasons for Triggered Health Assessment and/or any other assessment requirements

4.4. Task specific requirements (Category 1 and 2 workers)

Colour vision Normal

Colour Defective Safe A

Colour Defective Safe B

No colour vision requirements

Hearing Speech – In Quiet

Speech – In Noise

Musculoskeletal (note specific requirements)

4.5. Specific tests required

The following tests are required for Preplacement, Change of Risk Category and Periodic Health Assessments. They are not routinely required for Triggered Health Assessments.

Fasting cholesterol (total and HDL) (Category 1 only)

Fasting plasma glucose (Category 1 only)

Resting ECG (Category 1 only)

Audiometry (Category 1, 2, and 3)

Audiometry ordered from: _____

Drug Screen (Preplacement / change of risk category only)

Pathology ordered from: _____

5. Supporting information relevant to the assessment (tick information provided)

Previous relevant Health Assessment Report(s)

Relevant sick leave for last 12 months (Number of days, not details):

Relevant Work cover history

Relevant Critical incident episodes

Positive drug and alcohol assessment reports

Record of involvement in serious rail safety incidents

Other (specify)



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6. Action taken as a result of health assessment (tick as appropriate and record details)

- Periodic health assessment scheduled as per Standard
- Job modification
- Triggered review scheduled (e.g. Fit for Duty Subject to Review)
- Alternative duties / Redeployment
- Drug assessment (Preplacement only)

Worker's name: _____

Category 1

Category 2

Category 3

PART B. Health Assessment Report – Authorised Health Professional to complete

- I have sighted the worker's photo ID (e.g. driver's license, passport) Number: _____

I certify that I have examined the worker in accordance with the medical standards contained in the *National Standard for Health Assessment of Rail Safety Workers* and in my opinion the worker is (tick one box only):

- Fit for Duty Unconditional**
Meets all medical criteria for rail safety work.
- Fit for Duty Conditional:**
- Conditional on corrective lenses
 - Conditional on hearing aids being worn
 - Other Conditions (specify below)

Temporarily Unfit for Duty

Does not meet all medical criteria and cannot perform current duties. May perform alternative tasks.

May return to full duty pending: improvement in condition; response to treatment; confirmed diagnosis of undifferentiated illness.

- I recommend the following in terms of investigation, management and review (including timeframes):

Fit for Duty Subject to Review

Does not meet all medical criteria, but could perform current duties if the condition is sufficiently under control and the worker is more frequently reviewed than prescribed under periodic review

- I recommend:

Date of Review:

- Triggered by AHP (single specific condition) Date:.....
- Full medical assessment (Annual Review)
- Testing result only
- Local doctor report only
- Specialist Referral
- Specialist report only
 - Cardiologist
 - Sleep Physician
 - Endocrinologist
 - Psychological
 - Other



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PART B. (Continued)

Permanently Unfit for Duty

Does not meet all medical criteria and cannot perform current duties and cannot perform these duties in the foreseeable future (>12months)

➤ I recommend the following in terms of management and review (including timeframes):

Fit for Employment immediately – has some minor medical issues identified which should be followed up, but which will not in any case make them unfit for proposed duties.

Employment should be deferred until review undertaken – has a medical condition which, if not corrected, would prevent them from safely undertaking the required duties.

Drug & Alcohol Screen Results (Optional and conducted in accordance with company policy)

Result:

Please Note:

Drug Testing Alert: please refer to the attached results before making a final decision about the suitability of a candidate for a position

To only be completed for pre placement / change of grade assessments.

Health professional details
(Stamp acceptable)

PART C. Portability of assessment result – Worker to complete

Name:

I, (print name):

Address:

give permission for this health assessment to be forwarded to another rail transport operator as confirmation of fitness for duty

Signature:

Assessment date:

Signature: