

Employee or Applicant Health Assessment Outcome Form



Transport
for NSW

Worker Details			
Family name	xxxx	First names	xxxx
Gender	xxxx	Date of Birth	xx/xx/xxxx
Requester	xxxx	Employee ID	
Transport agency	Sydney Metro		
Position – Existing or Proposed	xxxx		
Examination Details			
The AHP sighted the worker's Photo ID Type		<input type="checkbox"/> Driving Licence or <input type="checkbox"/> Passport	Number
Alcohol breath / drug test results were: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Not Required			
Report Type	Health Assessment Type	<input type="checkbox"/> Periodic <input type="checkbox"/> First Periodic <input type="checkbox"/> Periodic change to higher risk category <input type="checkbox"/> Periodic change to lower risk category <input type="checkbox"/> AHP Triggered <input type="checkbox"/> Agency Triggered	Category <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
<input type="checkbox"/> Interim <input checked="" type="checkbox"/> Final	<input checked="" type="checkbox"/> Pre-employment full assessment <input type="checkbox"/> Change to higher risk category <input type="checkbox"/> Change to lower risk category		Colour Vision <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Safe A <input type="checkbox"/> Safe B <input type="checkbox"/> Not required
	Pre-employment single service <input type="checkbox"/> Colour vision (type)..... <input type="checkbox"/> Hearing (type).....		Hearing <input type="checkbox"/> Noise <input type="checkbox"/> Quiet <input checked="" type="checkbox"/> Cat 3 hearing
In my opinion the worker is: <input checked="" type="checkbox"/> one		I recommend:	
<input checked="" type="checkbox"/> Fit for Duty - Unconditional		-	
<input type="checkbox"/> Fit for Duty - Conditional →		<input type="checkbox"/> Must wear corrective lenses <input type="checkbox"/> Must wear hearing aid	
<input type="checkbox"/> Fit for Duty Subject to Job Modification →		Job Modification Requirements:	
<input type="checkbox"/> Fit for Duty Subject to Review → <i>Please complete Review Details Section</i>		Review Details: <input type="checkbox"/> Specialist Appointment Date: Time: <input type="checkbox"/> Treating Dr's Report Required by Date: <input type="checkbox"/> Treating Specialist's Report Required by Date: <input type="checkbox"/> Laboratory / Other Tests Ordered by Date: <input type="checkbox"/> Chief Health Officer Review <input type="checkbox"/> Other (Specify): <input type="checkbox"/> AHP Triggered Assessment Required by Date:	
<input type="checkbox"/> Temporarily Unfit for Duty Subject to Review → <i>Please complete Review Details Section</i>		Action/Preparation Required: <input type="checkbox"/> Questionnaire <input type="checkbox"/> Blood Test (Cat 1) <input type="checkbox"/> HbA1c <input type="checkbox"/> ECG <input type="checkbox"/> Audiometry <input type="checkbox"/> Others	
<input type="checkbox"/> Permanently Unfit for Duty		-	
Additional Advice <i>(Complete if relevant)</i>		Additional Advice <input type="checkbox"/> Unfit for Cat 1 and Cat 2 work, but fit for Cat 3 <input type="checkbox"/> Unfit for Cat 1, 2 and 3 work, but fit for work outside the danger zone <input type="checkbox"/> Has a condition which may have an effect on non-safety tasks. <input type="checkbox"/> Others	
Outline any further restrictions required, either in terms of rail safety work (Cats 1, 2 or 3) or other inherent job requirements and job demands. Identify if these restrictions are temporary or permanent. Attach a separate sheet if insufficient space.			
Certificate valid to: xx/xx/xxx			
Examining AHP Name: Dr name		Examination Date: xx/xx/xxxx	
Reviewing Occupational Physician Name: (Category 1 and 2 only)		Date:	
Reviewing AHP Name: (Category 3 only) Dr name		Date: xx/xx/xxxx	

Information collected on this form is subject to privacy laws such as the Health Records and Information Privacy Act 2002 (NSW) and the Privacy and Personal Information Protection Act 1998 (NSW).