Rail Safety Worker Health Assessment Category 1 and 2

RECORD FOR HEALTH PROFESSIONAL

Rail worker's name:		Date:	
Name of rail transport operator:	Australian Society of Section Car Operators, Inc (ASSCO)		

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

Include comments regarding management of existing hearing issues, including specialist reports.

1.1. Hearing issues identified on Health Questionnaire, general history or workplace reports? ☐ Yes ☐ No

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

Include comments regarding management of existing vision issues, including specialist reports.

2.1. Vision issues identified on Health Questionnaire, general history or workplace reports? ☐ Yes ☐ No

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

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

3.1. Cardiovascular issues identified in Health Questionnaire, general history or workplace reports? ☐ Yes ☐ No

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 ☐ Abnormal

3.6. Peripheral pulses ☐ Normal ☐ Abnormal

3.7. Resting ECG (Category 1) ☐ Normal ☐ Abnormal

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:

3.9. Referral for investigation/management? ☐ Yes ☐ No

Details:

4. DIABETES (refer Section 4.3 of the Standard)

AHP COMMENTS

Include comments regarding management and control of existing diabetes, including specialist reports.

4.1. Diabetes identified in Health Questionnaire (self-report) or general history? ☐ Yes ☐ No

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. Balance (Romberg's test)	Normal	Abnormal	
6.4. 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: Date:

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)

9.1. Sleep disorder self-identified on Health Questionnaire or general history? Yes No

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/m² Neck circumference: cm

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):			

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

AHP COMMENTS

Include comments regarding management of existing sleep disorders, including specialist reports.

* Note: All clinical findings need to be integrated to result in a final Fitness for Duty categorisation in Section 13.

Rail worker's name: Date:

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:	