Rail Safety Worker Health Assessment Category 3

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:	

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 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 3 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.

Rail worker's name: Date:

PART C. EXAMINATION RECORD (Authorised Health Professional to complete)

1. HEARING (refer Section 5.2 of the Standard)

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

	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 and 2 kHz in better ear:

1.4. Referral to hearing conservation program? ☐ Yes ☐ No

Details:

AHP COMMENTS

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

2. VISION (refer Section 5.3 of the Standard)

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. Referral for investigation/management? ☐ Yes ☐ No

Details:

AHP COMMENTS

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

Rail worker's name: Date:

3. MUSCULOSKELETAL (refer Section 5.4 of the Standard)			AHP COMMENTS
3.1. Musculoskeletal issues identified on Health Questionnaire, general history or workplace reports?	Yes	No	Include comments regarding management of existing musculoskeletal disorders, including specialist reports.
3.2. 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 test	Normal	Abnormal	
3.3. Referral for investigation/management?	Yes	No	
Details:			

* Note: Musculoskeletal requirements are task dependent.

4. OTHER CONDITIONS LIKELY TO AFFECT SAFETY AROUND THE TRACK** (refer to responses in Health Questionnaire, refer Section 4.5 of the Standard)			AHP COMMENTS
4.1. Health issues identified on Health Questionnaire, general history or indicated by workplace reports?			Include comments regarding management of existing conditions including specialist reports.
Diabetes	Yes	No	
Details:			
Cardiovascular condition	Yes	No	
Details:			
Neurological condition	Yes	No	
Details:			
Psychiatric condition	Yes	No	
Details:			
Substance misuse	Yes	No	
Details:			
4.2. Referral for investigation/management?	Yes	No	
Details:			

** Note: Workers with any of the above conditions require their fitness for duty to be overseen and signed off by an AHP who is a medical practitioner.

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.

5. SIGNIFICANT FINDINGS

6. FURTHER INVESTIGATIONS / REFERRAL REQUIRED

Summarise here the requirements for investigation and management described above.

7. 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)

8. 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:

9. OTHER CLINICAL NOTES

Authorised Health Professional		Overseeing AHP (medical practitioner)	
Name:		Name:	
Address:		Address:	
Signature:		Signature:	
Date of assessment:		Date of assessment:	