

**CONFIDENTIAL**

**CATEGORY 3 (Around the Track Personnel  
Operating in an Uncontrolled Environment)**

**AUTHORISED HEALTH PROFESSIONAL  
HEALTH ASSESSMENT CHECK LIST**

☐

**Has the declaration sections on pages of the Health Assessment Form been signed by the candidate.**

☐

**Have the following pathology tests been ordered.**

- **Urine drug screen.**
- **Alcohol Breath Test.**

☐

**Audiometric Examination Conducted. (Unless already organised by the employer)**

# HEALTH ASSESSMENT FORM

## CATEGORY 3 (Around the Track Personnel Operating in an Uncontrolled Environment)

### SECTION 1: EMPLOYER TO COMPLETE

<b>1.1 Employee/Applicant Details</b>		
<b>Surname:</b> huong		<b>First Names:</b> nguyen
<b>Location:</b> adada		
<b>Company Employment Number:</b>		<b>Date Of Birth:</b> 13/11/2014
<b>Prospective/Current Position:</b> 1		
<b>1.2 Employer Details</b>		
<b>Supervisor/Contact:</b> Insurer Company		
<b>Date of Request:</b>	<b>Phone:</b> 0939097759	<b>Fax:</b>
<b>Account to be sent to:</b>		
<b>1.3 Health Assessment Appointment Details</b>		
<b>Health Professional:</b> Dr. Hanh Nguyen		
<b>Address:</b> AU		
<b>Phone:</b> 1111111		<b>Fax:</b>
<b>Appointment Date:</b> 26/05/2014		<b>Appointment Time:</b> 12:00
<b>Tests Required:</b> <ul style="list-style-type: none"><li>• Audiometry</li><li>• Urine Drug Screening</li><li>• Alcohol Breath Test</li></ul>		
<b>1.4 Description of Duties (or see attached Job Description or Task Risk Assessment)</b>		
<input checked="" type="checkbox"/> <b>Rail Safety Worker Risk Assessment Attached</b>		
<b>Description:</b> dadada		
<b>1.5 Type of Assessment Required:</b>		
<input type="checkbox"/>	Pre-employment / Change of Category Health Assessment	
<input type="checkbox"/>	Periodic Health Assessment	
<input type="checkbox"/>	Triggered Health Assessment (specify reason):	

## SECTION 2: EMPLOYEE/APPLICANT MUST READ AND COMPLETE

### 2.1 Important Information to the employee/applicant

- You are required to attend a health assessment as a condition of your employment, to assess your fitness for undertaking rail safety work.
- The health assessment must be completed by the date shown in section 1.3 of this form to ensure that you are able to carry out your normal duties.
- Take glasses, hearing aids or any other aids required for safety critical work to the appointment.
- Take all medication that you are currently taking to the appointment or a list of such medication.
- Take photo identification with you to the appointment.

As you are a **Around the Track Personnel (ATTP) in an Uncontrolled Environment (Category 3)** you will be required to have a hearing and vision test and breathing test (spirometry)

You should not be exposed to loud noise 16 hours prior to the audiometric test.

A urine sample will also be required for drug screening purposes. Avoid excessive intake of water prior to providing urine sample.

#### What happens if the examining health professional finds a problem with your health?

If the examining health professional finds or suspects something is wrong with your health that you did not know about, they will ask your permission to inform your own health professional. The examining health professional will not treat any medical condition but will give you a letter to take to your own health professional.

If the examining health professional finds that you do not meet all relevant medical criteria, your supervisor will discuss with you the appropriate action to be taken.

#### DISCLOSURE OF HEALTH INFORMATION – PLEASE READ CAREFULLY AND SIGN TO INDICATE YOUR UNDERSTANDING OF HOW YOUR HEALTH INFORMATION IS REPORTED, STORED AND ACCESSED

The details of your health assessment will remain confidential and will only be reported to your employer in terms of your fitness for duty.

The examining health professional will retain all detailed health assessment papers, test results and the completed record of clinical findings.

The examining Health Professional will review the clinical findings and test results and will provide a recommendation to your employer only in terms of your fitness for duty.

The examining Health Professional will maintain confidentiality of the records and will ensure they are not made available to, or discussed with any other person within your company other than that person authorised to receive such results.

Other than the above, no information will be disclosed to any other person or organisation without your written permission except where;

- A notifiable disease is diagnosed which must, by law, be reported to the state authorities;
- A report is subpoenaed by a court of law; or
- The rail safety regulator (or another person) is required to conduct an inquiry into a railway accident or incident.

You have the right to access your health records, including those held by the examining health professional and reports held by your employer.

#### EMPLOYEE/APPLICANT DECLARATION

I, nguyen huong (print Name)

Certify that I have read and understand the above statement concerning the health information provided herein.

Signature: \_\_\_\_\_

Date: 24/11/2014

## SECTION 3: IMPORTANT INFORMATION TO THE EXAMINING HEALTH PROFESSIONAL

### 3.1 Instructions To the Examining Health Professional

- You are requested to conduct a **category 3** health assessment to assess the employee/applicants fitness for rail safety duties in accordance with the *National Standard for Health Assessment of Rail Safety Workers, Volume 2: Assessment Procedures and Medical Criteria*.
- You must sight photo identification of the employee/applicant (eg Drivers Licence, Rail Safety Workers' Card)
  - Please perform the assessment and record the finding in section 4.2 of this form.
- Should the employee/applicant be assessed as Temporarily/Permanently Unfit for Duty, please contact the employer or person who arranged this health assessment immediately so that appropriate actions can be taken.
- Category 3 Around the Track Personnel in an Uncontrolled Environment/applicants are required to have audiometric and vision testing as part of this health assessment. The employee/applicant has been advised of these requirements in section 2 of this form.

These tests will be arranged separately and reports forwarded to you if facilities are not available at your practice.
- You may need to contact the employee/applicants nominated health professional to discuss conditions that may affect their fitness for rail safety work. Such contact should be made with the workers signed consent.

For more detailed information about the conduct of health assessments for rail safety employees see *Volume 2 of the National Standard for Health Assessment of Rail Safety Workers*.

### 3.2 Category 3 ATTP Health Assessment Examination – Examining Health Professional To Complete

#### 1. Cardiovascular System:

##### 1.1 Blood Pressure

Systolic  mm Hg

Diastolic  mm Hg

1.2 Pulse Rate:  Regular ☐ Irregular ☐

1.3 Heart Sounds: Normal ☐ Abnormal ☐

1.4 Peripheral Pulses: Normal ☐ Abnormal ☐

#### 2. HEARING

KHz	0.5	1.0	1.5	2.0	3.0	4.0	6.0	8.0
Left								
Right								
Has the applicant been quiet for the past 16 hours? Y <input type="checkbox"/> N <input type="checkbox"/>								

#### 3. Neurological/Musculoskeletal:

3.1 Cervical spine rotation Normal ☐ Abnormal ☐

3.2 Back movement Normal ☐ Abnormal ☐

##### 3.3 Upper Limbs

a) Appearance: Normal ☐ Abnormal ☐

b) Joint movements: Normal ☐ Abnormal ☐

##### 3.4 Lower Limbs

a) Appearance: Normal ☐ Abnormal ☐

b) Joint movements: Normal ☐ Abnormal ☐

3.5 Gait Normal ☐ Abnormal ☐

3.6 Romberg's Test (A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for thirty seconds):  
Normal ☐ Abnormal ☐

4. Chest/Lungs: Normal ☐ Abnormal ☐

**5. Vision:****5.1 Visual Acuity**

Uncorrected		Corrected	
R	L	R	L
6/	6/	6/	6/

Are contact lenses worn? No ☐ Yes ☐

**5.2 Visual Fields** (Confrontation to each eye):

Normal ☐ Abnormal ☐

**5.3 Colour vision**

(Ishihara:  $\geq 2$  errors/12 plates is a fail)

Pass ☐ Fail ☐

**5.4 Near Vision Test** Pass ☐ Fail ☐

**5.5 Far Vision Test** Pass ☐ Fail ☐

**5.6 Screen Based Examination** Pass ☐ Fail ☐

**6. Drug Screen:**

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	NEG	POS	
Creatinine			_____ mmol/L
Sympathomimetic Amines	<input type="checkbox"/>	<input type="checkbox"/>	_____ ng/mL
Barbiturates (non-AS4308)	<input type="checkbox"/>	<input type="checkbox"/>	_____ ng/mL
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	_____ ng/mL
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	_____ ng/mL
Methadone (non-AS4308)	<input type="checkbox"/>	<input type="checkbox"/>	_____ ng/mL
Cannabinoids	<input type="checkbox"/>	<input type="checkbox"/>	_____ ng/mL
Opiates	<input type="checkbox"/>	<input type="checkbox"/>	_____ ng/mL
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg%

**7. Weight:** \_\_\_\_\_ **Kg**

**Height:** \_\_\_\_\_ **cm**

## SECTION 4: RELEVANT CLINICAL FINDINGS AND ACTION

**Note Comments** on any relevant findings detected in the examination, making reference to the requirements of the standard.

[illegible]

I, nguyen huong (Print Name)

☐ give ☐ do not give **(please indicate)** permission for the examining health professional to contact my treating doctor(s) to discuss or clarify information relating to my current health status.

Signature of Employee/Applicant \_\_\_\_\_ Date: 24 / 11 /2014

I certify that I have examined the person named in accordance with the medical standards contained in the *National Standard for Health Assessment of Rail Safety Workers, Volume 2: Assessment Procedures and Medical*, and in my opinion the worker / applicant is (tick as appropriate):

Dr. Hanh Nguyen  
Name of Examining Health Professional: Signature: Date: 24 / 11 / 2014

**Note to examining Health Professional** – The results of this health examination are **not** to be returned to the company who arranged the health assessment, **only** the Recommendation Of Examining Health Professional Form (Page 7). A copy of these forms may be retained for your records.

**I have sighted the employee / applicant's photo ID** ☐



# RECOMMENDATION OF EXAMINING HEALTH PROFESSIONAL

I certify that I have reviewed the Health Assessment Examination Form for the person named in accordance with the medical standards contained in the *National Standard for Health Assessment of Rail Safety Workers, Volume 2: Assessment Procedures and Medical*, and in my opinion the worker / applicant is (tick as appropriate):

Worker's Name: nguyen huong Date Of Birth 13 / 11 / 2014 Employment Number

<input type="checkbox"/> <b>Fit for Duty</b> Meets all relevant medical criteria for; <input type="checkbox"/> Category 3 Non-Safety Critical Worker- Uncontrolled Environment)	<b>I recommend:</b> <input type="checkbox"/> Medical Review in ..... years <input type="checkbox"/> Local doctor referral <input type="checkbox"/> Conditional on corrective lenses <input type="checkbox"/> Conditional on hearing aid <input type="checkbox"/> Other condition (specify): ..... ..... .....
<input type="checkbox"/> <b>Fit for Duty, Subject to Review</b> Does not meet all medical criteria, but could perform the inherent requirements of the position if the condition is sufficiently under control and worker / applicant is more frequently reviewed than prescribed under periodic review <i>If pre employment – Recruitment &amp; Selection process suspended. Risk Assessment required prior to engagement</i>	<b>I recommend:</b> <input type="checkbox"/> Medical Review in ..... years <input type="checkbox"/> Specialist referral <input type="checkbox"/> Local doctor referral <input type="checkbox"/> Company Medical Officer referral <input type="checkbox"/> Laboratory tests This certificate is valid until:
<input type="checkbox"/> <b>Fit for Duty, Subject to Job Modification</b> Does not meet all medical criteria, but could perform the inherent requirements of the position if suitable modifications were made to the duties <i>If pre employment – Recruitment &amp; Selection process suspended. Risk Assessment required prior to engagement</i>	<b>I recommend the following job modifications:</b> ..... ..... .....
<input type="checkbox"/> <b>Temporarily Unfit for Duty, Subject to Review</b> Does not meet all medical criteria and cannot perform the inherent requirements of the position, but may perform alternative duties. May return to full duty pending improvement in condition, response to treatment, confirmed diagnosis of undifferentiated illness <i>If pre employment – Recruitment &amp; Selection process ceased. May reapply for position when noticeable improvement in condition is verified by applicant's doctor. Re-examination for pre-employment will be required.</i>	<b>I recommend the following in terms of management and review:</b> ..... ..... ..... ..... .....
<input type="checkbox"/> <b>Permanently Unfit for Duty</b> Does not meet the medical criteria and cannot perform the job in the future <i>If pre employment – Recruitment &amp; Selection process ceased.</i>	<b>I recommend the following in terms of management and review:</b> ..... ..... .....

*Hanh*

Dr. Hanh Nguyen

Date: 24 / 11 / 2014

Name of Examining Health Professional:

Signature:

Please forward completed form to employer. A copy is to be retained for Examining Health Professional medical records.