

Name of rail transport operator:

# Rail Safety Worker Health Assessment Category 3 Worker Notification

**CONFIDENTIAL:**

FOR PRIVACY REASONS THE COMPLETED FORM SHOULD BE RETAINED BY THE AUTHORISED HEALTH PROFESSIONAL AND NOT RETURNED TO THE RAIL TRANSPORT OPERATOR

**Instructions to the worker / applicant**

- You are required to attend a health assessment as a condition of your employment, to assess your fitness for rail safety work.
- The health assessment must be completed by (date) to ensure that you are able to carry out normal duties.
- Complete the enclosed questionnaire **before attending the appointment** and provide it to the examining doctor. **The last page of the questionnaire must be signed by you in the presence of the examining doctor.**
- Please take to appointment:
  - glasses, hearing aid or any other aids required for conduct of your work;
  - all medication that you are currently taking or a list of such medications; and
  - photo identification.

**What happens if the examining doctor suspects there is a health problem?**

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

If the doctor finds that you do not meet all relevant medical criteria, your supervisor at the rail transport operator will discuss this with you're the appropriate actions to be taken. This may include:

- modification of the duties that you undertake for the rail transport operator; and/or
- scheduling of a further review, tests of specialist referral.

**Disclosure of health information – please read carefully and sign to indicate you understand how health information is reported, stored and accessed.**

All your detailed medical papers including your questionnaire responses, test results and the complete record of clinical findings are kept confidential, and are not available to your managers. The examining doctor sends only the completed report form directly to the rail transport operator indicating your fitness or otherwise for duty.

If the rail transport operator uses the services of a Chief Medical Officer (CMO), the CMO may access a copy of your health record to aid in the management of your health in relation to your work of for audit purposes or to compile statistics. The CMO must maintain the confidentiality of these records and ensure that your personal information is not made available to, or discussed with, any other person within the organisation.

Other than the above, your personal information will not be disclosed to any other person or organisation without your written permission, except:

- when the rail transport operator appoints a health professional to conduct an audit of the system for the health assessment of rail safety workers, then the appointed health professional will have access to the information for the purpose of undertaking the audit; and
- where required by law.

**You have the right to access your health records including those held by the Authorised Health Professional and the reports held by the rail transport operator.**

**Worker's declaration**

I, \_\_\_\_\_

(print name)

certify that I have read and understood the above statement concerning the health information provided in this document.

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

Date: \_\_\_\_\_

## PART A – Rail transport operator to complete

Date of request:

### Worker / Applicant details

Family name:

First names:

Employee no:

Date of birth:

### Health assessment appointment details

Doctor / practice:

Address:

Phone:

Appointment date:

Time:

## PART B – Health Questionnaire – Worker / Applicant to complete

### 1. Illness / injury

### Doctor comments

Do you have any difficulty seeing or any vision disorder?  No  Yes

Do you have any loss of hearing?  No  Yes

Do you have any limitation walking?  No  Yes

Have you ever suffered a blackout or loss of consciousness?  No  Yes

Do you have epilepsy or have you ever experienced a seizure or fit?  No  Yes

Do you have any heart disorder?  No  Yes

Do you have diabetes?  No  Yes

Have you had any psychiatric or psychological disorder?  No  Yes

Have you had any cognitive disorder or head injury?  No  Yes

Do you drink alcohol?  
If yes, how many days per week do you drink alcohol and how many standard drinks do you have on each occasion?  No  Yes

Have you ever used illicit drugs?  No  Yes

List all medications that you take  No  Yes

Have you had any other serious illnesses?  
Please describe  No  Yes

## PART C – For existing employees only

### Doctor comments

2. Have you experienced difficulty completing any tasks required for your work (e.g. walking on ballasts, hearing train instructions)? If so please describe briefly below.  No  Yes

3. Have you been involved in any accidents or near misses at work in the period since your last assessment? If so please describe briefly below.  No  Yes

## PART D – Worker's declaration

(To be completed by the worker in the presence of the health professional after completing the questionnaire)

I,  (*print name*)

certify that to the best of my knowledge the information provided by me is true and correct.

Signature of worker:

Signature of doctor:

Date: