



Summary of changes

2024 National Standard for Health Assessment of Rail Safety Workers

National Transport Commission | October 2024



Report outline

Title	Summary of changes: 2024 National Standard for Health Assessment of Rail Safety Workers
Type of report	Information paper
Purpose	Summarise the changes to the Standard resulting from the 2024 review to support implementation of the revised Standard by Authorised Health Professionals and rail transport operators.
Abstract	This summary of changes reflects the key changes in the Standard between the 2017 and 2024 editions of the National Standard for Health Assessment of Rail Safety Workers and includes relevant implications for rail safety workers, rail transport operators and Authorised Health Professionals.
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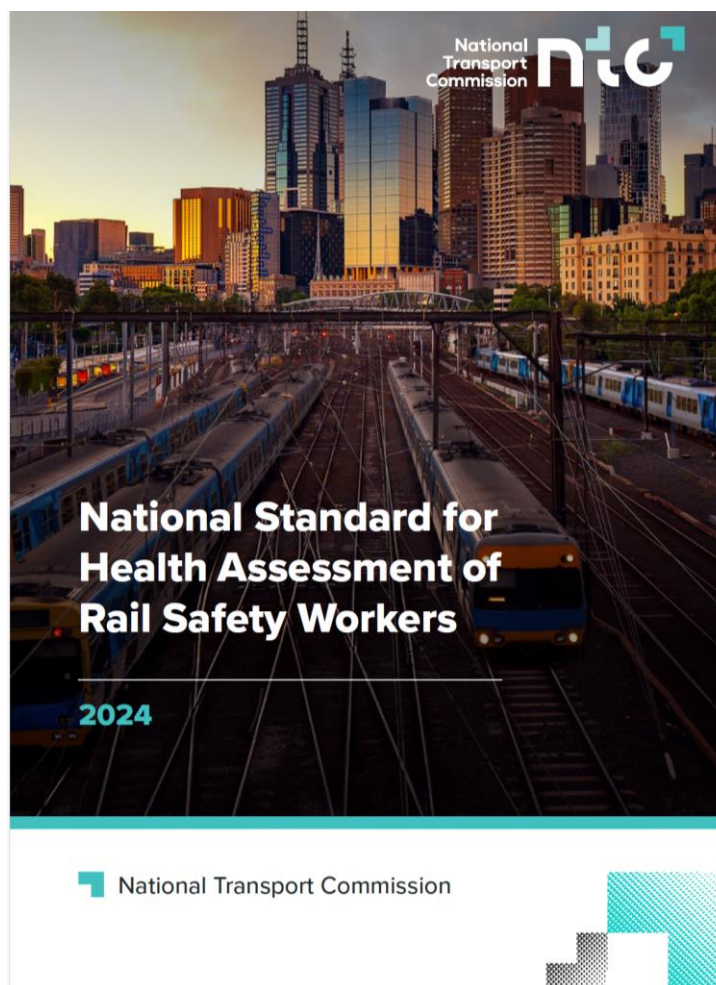
1 About this document

The National Transport Commission (NTC) has reviewed the **National Standard for Health Assessment of Rail Safety Workers** (the Standard) to ensure it continues to support rail transport operators in effectively managing the risks posed by ill health of rail safety workers. The review has addressed issues raised by stakeholders, as well as developments in medical practice and changes in the rail environment.

This document summarises the changes resulting from the review, including relevant implications for rail safety workers, rail transport operators and Authorised Health Professionals.

The NTC has also published a comprehensive **consultation report**, which describes the consultation approach, the issues raised by stakeholders and medical experts, the changes made, including the rationale and evidence, and the implications for rail transport operators, health professionals and rail safety workers.

For more information, please contact the NTC on (03) 9236 5000 or via email at **enquiries@ntc.gov.au**.



2 Frequently asked questions

Q. When did the 2024 edition of the Standard come into effect?

The 2024 edition of the Standard was released in October 2024 and can be found on the [**NTC website**](#). All health assessments conducted from the 11 November 2024 must be conducted according to the 2024 edition of the Standard.

Q. Does the release of the 2024 edition of the Standard affect the timing of Periodic Health Assessments?

Periodic Health Assessments for rail safety workers do not need to be brought forward. They should be conducted as scheduled. All Triggered Health Assessments, including those associated with Fit for Duty Subject to Review determinations, should be conducted according to the 2024 edition of the Standard from the 11 November 2024.

Q. Will training be available for Authorised Health Professionals?

All Authorised Health Professionals will need to undergo training in relation to the changes. This document is not a substitute for that training. Training will be offered through the Chief Medical Officers. Authorised Health Professionals will not be able to conduct health assessments from 11 November if they have not completed the training and are not registered with the new AHP Program. Information on training and authorisation of Authorised Health Professionals can be found [**here**](#).

Q. Are there new forms?

Yes, the new forms are available from the NTC website as fillable pdfs. The new forms are required to be used to support consistent implementation of the Standard. As per current practice, the Authorised Health Professional must not initiate the forms for an assessment. They will be provided by the rail transport operator and will be specific to the rail safety worker in question. Guidance about the use of the new forms is included in 0.

Q. What other resources are available to support implementation?

The NTC and AHP Program are working to ensure rail transport operators, rail safety workers and Authorised Health Professionals are well-supported in the transition to the revised Standard. This includes fact sheets for [**rail safety workers**](#) and [**rail transport operators**](#).

Q. Where can I buy a printed copy of the 2024 edition of the Standard?

Printed copies will be available to purchase in early 2025 from CanPrint. Please visit the CanPrint [**website**](#) to order a copy.

Q. How can I provide feedback on an issue in the 2024 edition of the Standard?

Please submit any feedback on issues identified in the 2024 edition of the Standard via this [**Microsoft Form link**](#). This feedback will be collated and considered during the next review of the Standard due to take place in 2025-27.



3 Part 1: Introduction

While the review focussed mainly on medical aspects, the administration and implementation of the Standard received considerable attention, with several opportunities for improvement identified.

The changes to Part 1 of the Standard reflect this, with detailed content developed to clarify the roles and responsibilities of organisations and individuals involved in overseeing and contributing to the development and implementation of the Standard (section 1.5.1), as well as those involved in managing and delivering the health assessments for rail safety workers (section 1.5.2).

These changes include:

- Recognition of the interface between the health assessments, workers' compensation and Work Health and Safety obligations (section 1.3).
- New content to explain the **high-level roles and responsibilities** of the NTC, Office of the National Rail Safety Regulator (ONRSR) and Rail Industry Safety and Standards Board (RISSB) in overseeing and contributing to the development and implementation of the Standard (section 1.5.1).
- A detailed section describing the specific roles and responsibilities of **Chief Medical Officers (section 1.5.2)**.
- Additional content to clarify the responsibilities of **Authorised Health Professionals (section 1.5.2)**. Their direct role in conducting the clinical examination is emphasised, to be distinguished from signing off on an assessment performed by a person who is not an Authorised Health Professional.



4 Part 2: The health risk management system

This comprehensive section of the Standard outlines the key principles and elements of the health risk management system. Consistent with the goal of continuous quality improvement, the changes seek to clarify and, where possible, simplify the system so that it may be more consistently and effectively applied.

Categorisation of rail safety workers

Categorisation of rail safety workers based on the risk to the rail network posed by worker ill-health is the central tenant of the Standard. While the intent of section 2.2 remains unchanged, the content has been revised to ensure clarity of the definitions and processes of application so that workers are correctly and consistently categorised, and therefore receive the appropriate health assessments. The Risk Categorisation and Health Assessment Requirements template has also been revised (refer to Appendix A).

It is evident that categorisation of rail safety workers can be a challenging process and will require ongoing effort to support implementation.

Type of health assessments – Triggered Health Assessments

The application of Triggered Health Assessments continues to be challenging for some stakeholders. Section 2.2.6 of the Standard has been amended to clarify the three circumstances in which a Triggered Health Assessment may occur. These are:

- For assessments related to specific **monitoring of a medical condition**, including more frequent review as required (Fit for Duty Subject to Review).
- For assessments related to **further investigation to diagnose/treat a medical condition** (Fit for Duty Subject to Review and Temporarily Unfit for Duty). Note that the Report Form now includes a tick box to identify whether a report is an interim report pending results of further investigation. The Standard now includes '3 months' as an estimate but not a definitive timeframe for workers categorised as Temporarily Unfit for Duty or Fit for Duty Subject to Review while awaiting test results.
- For assessments triggered by a **concern about a worker's health** (triggered by a worker or the rail transport operator).

Workplace reports

Workplace reports may provide valuable information to guide the health assessment and are particularly relevant to Triggered Health Assessments. The Standard now provides guidance as to the nature and scope of such reports so that relevant objective information is communicated to the Authorised Health Professional by the rail transport operator (refer Figure 15 and 28 in the Standard).



Definition and management of assessment 'expiry' dates

During the review, stakeholders sought more definitive requirements in relation to how Periodic Health Assessments were scheduled, including flexibility for expiry dates to account for unforeseen circumstances such as delays in securing specialist reports.

A new section (2.2.7 Validity of medical certificates and scheduling of health assessments) is modelled on arrangements in the aviation industry. It sets out the new requirements which allow for rolling anniversary dates provided the worker attends their Periodic Health Assessment within 2 months of the scheduled date. While this functionality has been updated in the RIW (Rail Industry Worker) Program, it will be activated at the discretion of rail transport operators. Advice has indicated that once the functionality is switched on it will apply to all operators using the RIW system and cannot be isolated to a select group of operators. The section also specifies the limits of extensions to certificate validity of up to 1 month on the approval of the Chief Medical Officer, taking into consideration the risks to the network.

Health assessment outcome categories

Drawing on developments in other health assessment standards for safety critical workers, Section 2.3 has been amended to limit the fitness for duty outcome categories to four:

- Fit for Duty Unconditional
- Fit for Duty Subject to Review (this category encompasses requirements for job modification)
- Temporarily Unfit for Duty
- Permanently Unfit for Duty.

Fit for Duty Conditional is no longer a formal category, as it relates to a narrow range of circumstances involving the wearing of aids such as corrective lenses and hearing aids. Workers who are required to wear these aids will have this requirement identified independent of their main category.

Similarly, Fit for Duty Subject to Job Modification is no longer considered a main category but is a sub-category within the Fit for Duty Subject to Review category. Revised content, along with the inclusion of a new table and amendments to model forms have been included.

Section 2.3.4 of the Standard has also been amended to clarify the definition of 'Permanently Unfit for Duty'. This category applies to a worker who has a permanent or progressive condition that is predicted to render them unfit for their current rail safety duties for 12 months or more. It is a predicted assessment outcome and workers do not need to be off work for 12 months to be assessed to this category.

Communication with workers

During the review, stakeholders advised some workers may be given insufficient notice to attend health assessments, such that they had limited time to arrange the necessary tests and make arrangements to attend the assessment. In section 2.6, a minimum notice period of 10 working days now applies for Periodic Health Assessments and non-urgent Triggered Health Assessments with a Fit for Duty Subject to Review determination, unless varied via mutual agreement between the operator and worker. Triggered Health Assessments due to sudden



concerns about a worker's health are not subject to the minimum notice period, nor are Pre-employment Health Assessments.

Management of health information

Privacy of health information and appropriate management of health information between rail transport operators and health professionals is vital for ensuring trust in the health assessment system. Section 2.6 of the Standard has been amended to clarify and update content in relation to: privacy laws, collection and disclosure of health information, consent for disclosure and retention and security of health information, including management of privacy breaches.

Quality management

Quality of health assessments was raised consistently throughout the review and the Standard has been updated to ensure clarity regarding roles, responsibilities and processes for quality control.

As noted earlier, Section 1.5.2 clarifies the expectations for Authorised Health Professionals and describes the role of Chief Medical Officers in overseeing the quality of assessments and the training of Authorised Health Professionals.

Section 2.5 has been revised to clarify the types of Authorised Health Professionals, the requirements for authorisation and the very limited circumstances in which non-Authorised Health Professionals may be utilised to conduct health assessments for rail safety workers. This section also refers to the training and registration of Authorised Health Professional through the AHP Program and describes how the AHP Program will support quality of health assessment delivery. More information about this program may be found on the AHP Program [website](#).

Section 2.7.3 of the Standard has been amended to ensure assessment quality is captured in the audit process. The revised audit points include maintaining suitable systems and procedures for managing and conducting health assessments, including the use of appropriate forms, timeliness of various aspects of health assessments from initial assessment to reporting and follow up as required, and so on. This now aligns with other Safety Critical Worker standards.



5 Part 3: Procedures for conducting health assessments

This section has been streamlined to remove content that was duplicated in Part 3 and the medical criteria chapters.

It now provides a **high-level overview of the health assessment process** and does not include detailed information about the assessment of various health conditions and risks. These are covered in the relevant chapters in Part 4 and Part 5. The revised Record for Health Professional Form also provides more detail to help guide the health assessment process and support consistency and quality (refer to [section 6](#) Clinical tools and forms).

Part 3 also includes updated content regarding **prescription drugs** to reflect changes in this area (section 3.4.8), with clarity around medicinal cannabis and psychedelics not being permitted for rail safety workers, in line with the Rail Safety National Law. Precautions around the use of stimulants for attention deficit hyperactivity disorder (ADHD) are also noted.

Part 3 also clarifies that except in very limited circumstances health assessments for rail safety workers must be conducted in person, not via telemedicine. The Standard states that telemedicine may be used to facilitate access to specialist opinion for Fit for Duty Subject to Review assessments and for hearing testing and assessment when face-to-face services are limited.



6 Part 4: Fitness for duty criteria for Safety Critical Worker health assessments (Categories 1 and 2 Safety Critical Workers)

This section has been updated to reflect developments in medical management and to streamline processes for managing Safety Critical Workers with various health conditions.

- It incorporates numerous changes to **align with developments in other relevant standards**, including Assessing Fitness to Drive (AFTD).
- It takes into consideration significant developments in the assessment and management of various conditions including **cardiovascular conditions and sleep disorders**.
- It reflects process improvements to reduce **unnecessary review of stable conditions** and enable Authorised Health Professionals to directly assess fitness for duty where appropriate without the need for reports from treating health professionals.

Note there are no changes to the **Blackouts** section or the **Substance Misuse** section.

6.1 Cardiovascular conditions

The cardiovascular chapter has been updated to reflect recent and significant developments in relation to the assessment and management of cardiac risk and has been developed in close consultation with the Cardiac Society of Australia and New Zealand. It also reflects recommendations to reduce routine conduct of exercise stress testing unless clinically indicated in the follow up of workers with ischaemic heart disease and related interventions. These changes will likely reduce the cost burden associated with cardiac assessments and investigations and enhance the management of workers at risk.

New Cardiovascular Risk Calculator

The Cardiac Risk Calculator is well-established as a means by which the risk of sudden incapacity is managed for Category 1 Safety Critical Workers. A new version of the calculator and management guidelines were released by the National Heart Foundation in July 2023.

The new calculator is based on Australian data and includes several additional parameters, rendering it more accurate in assessing cardiovascular risk. Specific guidance is provided regarding the circumstances under which risk scoring is repeated, providing clarity for Authorised Health Professionals and reducing unnecessary testing.

Key changes in the implementation of the risk assessment are as follows:

- **Fasting is no longer required** for pathology testing.
- Calculation of the **cardiac risk score is required for Category 1 Safety Critical Workers 30 years and over**. Workers younger than 30 do not require a cardiac risk score. They



require monitoring of individual risk factors including cholesterol, diabetes and blood pressure, with due consideration of the specific needs of First Nations people.

- Workers found to be at high risk based on their score will be referred for cardiologist assessment and management. Investigations will be directed by the cardiologist and **only repeated if clinically indicated**.
- **Cardiac stress testing is no longer required to be routinely requested** unless recommended by a cardiologist.

To ensure clarity and internal consistency, a **tabulated version of the risk stratification and management of the cardiac risk score** has been developed and replaces the original flow chart.

The revised text also refers to the increased risk of cardiovascular disease associated with **COVID-19 infection**.

Arrhythmias

For Category 1 workers, the risk of arrhythmia is an important consideration, thus the identification of relevant arrhythmias in the routine electrocardiogram (ECG) conducted at pre-employment and at Periodic Health Assessments was considered. These aspects are now addressed more clearly in the revised Standard, with **reference to indicators of inherited cardiac disease (unexpected death of a family member under the age of 50) and guidance regarding significant ECG changes**.

The text and table have been revised to clearly differentiate between arrhythmias that are likely to be a concern for Safety Critical Work, with **right bundle branch block removed** from the criteria table and guidance provided as to the **extent of QT interval** that should be addressed (greater than 500 ms).

Review requirements for cardiac conditions

Consistent with other fitness for duty standards and the standards for commercial vehicle driver licensing, the criteria table has been updated to include **review periods of 'at least annual review'** for Category 1 workers for the majority of cardiovascular conditions and interventions. There is **flexibility for stable conditions** and for **Category 2 workers**.

Application of exercise stress testing at review

A significant change to the Fit for Duty Subject to Review criteria for several cardiac conditions has been to remove the routine requirement for repeat exercise testing on annual review. This applies to ischaemic heart disease and related cardiac interventions, as well as hypertrophic cardiomyopathy, implantable cardiac defibrillator insertion (see below), and heart failure. For these conditions, exercise stress testing is now only required if recommended by the treating cardiologist, which aligns with current clinical practice.

Routine exercise stress testing remains a requirement for review of workers receiving a heart transplant.

Participation in cardiac surveillance programs



For workers with ischaemic heart disease the focus at annual review is their adherence and compliance with recommended medical management, their participation in a management program designed to achieve National Heart Foundation targets for secondary prevention relevant to the condition, and the absence of symptoms that may impair Safety Critical Work.

Similarly, for workers with valvular disease and those with an implantable cardiac defibrillator, demonstrated participation in an appropriate cardiac surveillance program is a requirement for ongoing fitness for duty (see below).

Implantable cardiac defibrillator (ICD)

In line with the change to the commercial vehicle driver standards in the 2022 edition of AFTD, Safety Critical Workers in whom ICDs are used for primary prevention may be able to continue work (Fit for Duty Subject to Review) if they meet certain criteria. This reflects the low risk of device activation and syncope associated with prophylactic use of these devices.

The criteria specifically require that Category 1 workers participate in 6-monthly routine surveillance. As noted above, exercise stress testing is not required routinely on review unless clinically indicated.

Aneurysms

The criteria in relation to aneurysm diameter for Category 1 workers now align with the commercial driver criteria outlined in AFTD. That is that Fit for Duty Subject to Review may be considered in the case of atherosclerotic aneurysm or aneurysm associated with the bicuspid aortic valve, if the aneurysm diameter is less than 55 mm; or for all other aneurysms, if the diameter is less than 50 mm. In addition, workers with unrepaired aneurysm of any kind or size, must have **blood pressure consistently below 150/90mmHg**.

Congenital heart disease

In line with the changes to AFTD, criteria are now included for Category 1 workers in relation to surgical management, including **non-working periods for recovery** and greater clarity of the required clinical outcomes.

The explanatory text in the chapter also identifies congenital conditions that are likely to be incompatible with Safety Critical Work.

Anticoagulants

A revised section and criteria table has been included to recognise that new anticoagulants carry a reduced risk of haemorrhage and **may be subject to less stringent monitoring** compared with warfarin-type anticoagulants.

Heart transplant

Refinements have been made to the criteria for Fit for Duty Subject to Review on the **management of workers following a heart transplant**.

Valvular disease



The criteria for Fit for Duty Subject to Review have been revised for Category 1 workers, with two additional criteria, being that there is no evidence of ventricular dysfunction, and that the worker participates in an appropriate cardiac surveillance program,

The revised text also differentiates the **management of valvular disease of various severities**.

6.2 Diabetes

The diabetes chapter has been updated in consultation with the Australian Diabetes Society and draws on changes made in AFTD 2022. It reflects developments in relation to diabetes screening and management and seeks to reduce the burden associated with specialist and treating doctor reviews for workers with good control and low risk of hypoglycaemia.

Blood and urine tests

Key changes in blood and urine testing for diabetes are as follows:

- **Fasting is not required** for pathology testing.
- A **urine glucose test** has been introduced for Category 2 Safety Critical Workers to improve identification of diabetes in this group of workers, who are subject to the same fitness for duty criteria as Category 1 workers. The urine test can be conducted at the time of the appointment, with a positive result requiring a follow up blood test.

Treatment with metformin alone

The requirements for workers treated with metformin alone have been updated to reflect their low risk of hypoglycaemia. Key changes are as follows:

- Initial determination of Fit for Duty Subject to Review may now be based on a **report from the worker's treating general practitioner**.
- If the worker continues to **demonstrate satisfactory control, future reviews may be undertaken by the Authorised Health Professional based on HbA1c**. The Authorised Health Professional may also recommend a less frequent review period (i.e., less frequent than annual review) if the worker's diabetes is satisfactorily controlled.

Determining and managing satisfactory control

Based on advice from the Australian Diabetes Society, more specific guidance is provided regarding the management of fitness for duty based on HbA1c levels, including when a worker should be categorised Temporarily Unfit for Duty while awaiting assessment by their treating doctor or specialist.

- If the **HbA1c is between 9.0% and 10.0%**, the Authorised Health Professional should usually refer the person to their treating doctor or specialist for **review of their diabetes management**.
- If the **HbA1c is greater than 10%**, the worker should be assessed as **Temporarily Unfit for Duty** as there is a greater risk of hospitalisation with intercurrent illness at this level. Return to Safety Critical Work will be advised by the treating specialist based on the effectiveness of a management plan to achieve target (up to 6 months).



A new guideline published by the Australian Diabetes Society in May 2023 for the application of HbA1c has informed the revisions to the Standard¹ and is cited as a reference.

Awareness of hypoglycaemia

Lack of hypoglycaemia is an important risk to be managed. Improved guidance in this regard has been incorporated into the Standard, based on content from AFTD. There are no changes to the fitness for duty criteria in this regard.

6.3 Hearing

The hearing chapter has been updated in consultation with Audiology Australia. It takes into consideration the international definitions of hearing loss and the need to:

- take into consideration the worker's experience of hearing loss and any workplace issues
- better manage the interface with hearing conservation programs
- consider accessibility to testing in regional and remote areas.

Alignment with international definitions

The chapter now includes a **description of the World Health Organisation definitions** of various levels of hearing loss, including descriptions of the impact of hearing loss in quiet and noisy environments. This aims to improve understanding of the context of the fitness for duty criteria and improve management of hearing loss more generally.

The amendments clearly **differentiate a 'noisy environment'** for the purposes of hearing loss definitions (60 dB) from the definition of a noisy environment associated with hearing damage (over 85 dB).

Conduct of audiometry

The frequencies at which screening audiometry is conducted now **align with the World Health Organisation definitions** (500 Hz, 1000 Hz, 1500 Hz, 2000 Hz, 3000 Hz, 4000 Hz, 6000 Hz and 8000 Hz). The audiometry results at 500 Hz, 1000 Hz, 2000 Hz and 4000Hz in the better ear should be averaged to obtain the hearing loss threshold. Previously this was 500 Hz, 1000 Hz, 2000 Hz and 3000 Hz.

Fitness for duty criteria

The assessment and management of workers' hearing now considers the **worker's hearing experience and any workplace issues in addition to the audiometry results**. This results in a more individualised approach that better manages the potential risks and improves overall management of hearing. While the threshold for unconditional fitness (Temporarily Unfit for Duty) remains unchanged at 40 dB, lower levels of hearing loss may result in referral for further assessment if the worker has difficulty with communication based on self-report or

¹ Australian Diabetes Society Position Statement (May 2023), **Guidance concerning the use of glycated haemoglobin for the diagnosis of diabetes mellitus**.



workplace reports. This stratification of management is detailed in a new flowchart (Figure 22) and in the text.

Integration with hearing conservation programs

To ensure appropriate integration with hearing conservation programs, the Standard now requires that all workers with hearing loss are **referred to the rail transport operator's hearing conservation program**.

Access to hearing specialists

Access to specialists is an issue for the management of many medical conditions. Information about **remote access to audiometry tests and audiology specialists** is now provided in the Standard.

Hearing aids and cochlear implants

Hearing technology is a rapidly evolving field, thus the Standard is no longer prescriptive about hearing aid requirements, instead recommending that the hearing aids should be prescribed by an audiologist familiar with the rail environment and according to the specific nature of each worker's role. Section 4.11.3 of the Standard has been amended accordingly to ensure workers are not unnecessarily precluded from safety critical roles.

Information is now included to caution regarding the use of cochlear implants in roles that require working in close proximity to strong magnetic fields.

Categorisation of workers requiring a hearing aid

While some stakeholders sought to reduce or remove review requirements for workers requiring hearing aids, Audiology Australia advised that hearing loss cannot not be considered a stable condition and that workers requiring hearing aids should continue to be **categorised Fit for Duty Subject to Review**. Periodic review to assess both hearing status and the functioning of the hearing aid has been included.

As noted earlier, Fit for Duty Conditional is no longer a formal fitness for duty category. Workers who are required to wear hearing aids will be assessed as Fit for Duty Subject to Review and the requirement to wear aids will be identified separately.

Repetition of speech discrimination testing

The text has been clarified in relation to **when or if speech discrimination testing** should be repeated. If a worker has previously passed the relevant speech discrimination test, a repeat test is only required if their base audiometry has worsened (indicated by a 5 dB or more additional loss measured by the four-frequency average).



6.4 Musculoskeletal conditions

A dedicated working group considered the suitability of the musculoskeletal conditions chapter, in light of concerns that rail safety workers were being categorised fit for duty despite significant impairments affecting the performance of their roles.

The main barrier to appropriate assessment appears to be lack of awareness or consideration of workers' **specific musculoskeletal requirements**.

It is crucial that the worker's specific functional requirements, as well as their history of injury and work performance, is understood during the health assessment. The Request and Report Form has been updated to include further details about the musculoskeletal requirements of the worker's job to ensure Authorised Health Professionals conduct the assessment according to the detailed guidelines set out in the chapter. No changes have been made to the chapter. Content relating to the application of functional assessments (Part 3: Procedures for conducting health assessments) has also not been changed but may need to be communicated more effectively to relevant stakeholders.

6.5 Neurological conditions: Dementia

The key changes in the dementia chapter are based on those made during the recent review of AFTD based on expert opinion.

The changes provide clarity in relation to the **management of pre-clinical dementia**, which, as a result of new techniques, is being increasingly diagnosed. While workers with pre-clinical disease may continue to work in Safety Critical roles, they should be monitored at least annually for progression and will be categorised Fit for Duty Subject to Review.

- Similarly, **mild cognitive impairment**, which incorporates the prodromal stage of dementia, should also be monitored for progression.
- Based on expert advice, the reference to dementia as a progressive and irreversible condition has been updated to reflect that **not all dementia involves progressive deterioration**, with components of reversibility.

6.6 Neurological conditions: Epilepsy

New criteria have been introduced based on AFTD to address circumstances where the Authorised Health Professional is **unable to establish a reliable history of a worker's seizures**. Some people may not be able to readily report seizure because their awareness is impaired by the seizure. Others may deliberately not report their seizures. The new criteria enable the worker to be categorised unfit for duty in these circumstances until the true pattern of their seizures can be established.

To provide clarity around the management of rail safety workers following a seizure, it is noted in the default standard for Category 1 and Category 2 workers that they should be categorised **Temporarily Unfit for Duty following a seizure**. This applies to incumbent workers and is differentiated from situations where a worker has had a seizure at any time in the past (such as declaring a history of seizures at pre-employment).

To provide clarity about the management of **Category 2 workers**, the default standard for this group of workers is now defined at the beginning of the medical criteria table, where it is also



noted that Category 2 workers who work around the track must be assessed against the **Category 3 standards for epilepsy**. This applies for other conditions where risk of collapse is an issue.

Several other **wording refinements have also been carried over from AFTD**. They largely represent clarification of existing requirements.

6.7 Neurodevelopmental disorders – New section

Neurodevelopmental disorders, which include conditions such as **attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD)**, have previously been covered by the criteria for 'Other neurological conditions'.

These conditions are being increasingly diagnosed in adulthood and may be associated with work performance and behavioural issues in the workplace. They have not been screened for specifically in the Health Questionnaire, and there have no specific assessment and management guidelines in the Standard.

To improve appropriate selection and fair management at pre-employment and guide management of incumbent workers who experience these disorders, a new section has been developed. It outlines the potential impacts of these conditions on Safety Critical Work and the approach to identification, assessment and management.

The **Health Questionnaire and Record for Health Professionals (Category 1 and 2)** have been updated to include a content about these disorders.

6.8 Psychiatric conditions

The psychiatric conditions chapter has been updated to **reflect developments in other Safety Critical Worker standards**. These changes will help rail transport operators to better manage the mental health of rail safety workers, with an emphasis on the role of Triggered Health Assessments in circumstances where there are concerns about a worker's mental health.

Screening for anxiety and depression

While the limitations of the K10 questionnaire are recognised in terms of the potential for unreliable completion in the occupational setting, it has been retained as the main screening tool for anxiety and depression. Verbal administration or the use of other validated questionnaires such as the **DASS21**, are potential options referred to in the Standard.

Other changes

New criteria and guidance regarding **psychogenic non-epileptic seizures** have been included to align with changes to the commercial vehicle standard in AFTD.

6.9 Sleep disorders

Sleep disorders are common and underdiagnosed, and there is recent evidence of their impact on rail safety in Australia. The sleep disorders chapter has been updated to improve the identification, assessment and management of Safety Critical Workers with sleep disorders.



Screening and assessment of sleep disorders

The **Epworth Sleepiness Scale (ESS)** has been retained as a tool for detecting sleepiness, acknowledging that it is not always completed faithfully. Work performance reports are also a source of information about potential sleepiness and impairment, and an outline of the requirements of an objective report are included in the revised chapter.

A new screening tool, the **STOP-Bang questionnaire** has been included to improve the assessment obstructive sleep apnoea (OSA) risk. This enables more objective and systematic assessment of the risk of this common condition based on assessment of OSA indicators/risk factors such as habitual loud snoring, neck circumference, BMI, hypertension, male gender and age. Guidance regarding other risk factors is also provided.

Workers scoring 3 or more on the STOP-Bang questionnaire will be referred for a sleep study. They will generally be categorised Fit for Duty Subject to Review while being investigated unless excessive daytime sleepiness is demonstrated on the ESS or workplace reports, in which case they will be Temporarily Unfit for Duty.

The chapter includes significant more detail on polysomnography assessments, including the interpretation of results. This aims to support more consistent management.

Sleep disorder management

More detail is also included regarding treatment of diagnosed OSA, managing fitness for duty while treatment is established, and managing follow up, including repeat polysomnography.

To provide flexibility for ongoing monitoring, where workers are compliant with treatment and respond well to treatment, the Chief Medical Officer may agree to reviews being conducted by the treating general practitioner or the Authorised Health Professional, based on continuous positive airway pressure machine usage data.

The Standard now explicitly states that Safety Critical Workers with OSA syndrome or severe OSA must be **under treatment even if they pass a Maintenance of Wakefulness Test**.

6.10 Vision and eye disorders

The vision chapter has been updated to improve management of workers with visual impairments, ensuring those most at risk are monitored appropriately and those with stable impairments are not subject to unnecessary review.

Categorisation and management of workers with stable vision conditions or impairments versus progressive vision disorders

The chapter now includes discussion about the concepts of the **extent and stability of visual impairment** as guiding principles for management. The criteria table also includes separate criteria for **stable and progressive conditions**. Generally, workers with stable visual impairments who meet the visual standards are categorised Fit for Duty Unconditional, while those who meet the criteria but have a progressive condition will be categorised Fit for Duty Subject to Review.

Monocular vision



Clarity is provided regarding the management of monocular vision, with the acuity standard referring workers with acuity of worse than 6/60 in their worse eye for management as per the monocular criteria.

Orthokeratology

Orthokeratology is a therapy comprising lenses that are worn at night to temporarily reshape the cornea. While AFTD now provides more extensive guidance about how these lenses can be used to meet the visual acuity requirements, this approach **has not been adopted** due to issues in the rail environment regarding longer shift length, which may result in the corrective effect wearing off before the end of the shift.

Impact of ocular surgery

Guidance is now provided in the text about **considerations following ocular surgery**.



7 Part 5: Fitness for duty criteria for Category 3 workers

This section has been updated to incorporate the 2019 RISSB technical note for Category 3 workers, which details management of conditions that may affect a worker's ability to get out of the way of a train. Several additional changes reflect the changes made to Part 4 and editorial changes to provide clarity.

Identification and management of serious health conditions

In 2019, a technical note was developed by RISSB to provide specific guidance and criteria for serious health conditions that may affect the safety of Category 3 workers working around the track. The criteria are based on those applied to private vehicle drivers in AFTD. Section 5.5.3 of the Standard now incorporates the **RISSB technical note**, along with relevant changes to the Category 1 and 2 criteria.

Requirements for Authorised Health Professionals

With the inclusion of the RISSB technical note and the criteria for a range of medical conditions that may affect the safety of Category 3 workers working around the track, the requirements for Authorised Health Professionals have been specifically defined to ensure appropriate medical management of rail workers with these conditions, including for example, epilepsy, cardiovascular conditions and so on.

Authorised Health Professionals who are trained and authorised to conduct only Track Safety Health Assessments for Category 3 workers must conduct the assessments under the supervision of a medically trained Authorised Health Professional. In addition, the medically trained Authorised Health Professional must determine and sign-off the fitness for duty for Category 3 workers with a health condition requiring medical management.

Hearing

- The assessment frequencies and hearing threshold remain unchanged.
- The restrictions for hear aids have been removed in favour of the individualised approach adopted for Category 1 and 2 workers.
- As for Category 1 and 2 workers, Category 3 workers with hearing loss should be referred to the rail transport operator's hearing conservation program.
- The Conditional Fit for Duty is no longer applicable – workers who require hearing aids to meet the criteria should be categorised Fit for Duty Subject to Review.

Vision

- The criteria address stable and progressive conditions as per the new Category 1 and 2 requirements.
- The visual thresholds remain unchanged.

Epilepsy and seizures



This section has been updated to provide clarity that a **Category 3 worker is Temporarily Unfit for Duty following a seizure** and that **the non-working default period is 12 months**.



8 Part 6: Clinical tools, forms and transition arrangements

The review has sought to address concerns about implementation of the Standard, and in doing so has aimed to improve the useability of the model forms and provide clearer guidance about the clinical tools used in the assessment.

Clinical tools

The **clinical tools are now all included in Part 6**, with information about their administration, scoring and interpretation.

Forms

The professionally designed forms are included as **fillable PDFs** on the NTC [website](#). The NTC strongly encourages all stakeholders to use the new suite of forms to promote consistency in reporting outcomes and address quality issues identified during the review.

As the key form for communicating the requirements of the assessment to the Authorised Health Professional and the result of the assessment to the transport operator, the Request and Report Form is of vital importance. The revised form reflects the simplified outcome categories and other requirements identified by stakeholders. The Report Form (Part B) no longer includes the worker's consent for portability of the assessment due to concerns about worker's not receiving adequate information about the implications of consenting to portability. Consent for portability is now included in Part A of the form and rail transport operators should facilitate informed consent of this process.

The Record for Health Professional is also important as it facilitates a standard approach to conduct and recording of the assessment. This has been refined to reflect the assessment process, data collection and decision-making.

See overleaf for guidance notes on changes to the forms.

Transition arrangements

The transition requirements are described in section 6.3 of the revised Standard. The Standard will be effective 8 weeks from the date of publication (to allow sufficient time to train Authorised Health Professionals) and all assessments conducted from that date must be conducted according to the Standard.



Appendix A. Guidance notes for forms

National Standard for Health Assessment of Rail Safety Workers (2024)

RISK CATEGORISATION AND HEALTH ASSESSMENT REQUIREMENTS TEMPLATE

Rail safety worker job title:

STEP 1 – DEFINE THE CONTEXT (refer Section 2.4.1 of Standard)

Define the context in which the rail safety work is performed – legislative requirements, policies, procedures, business and operational environment.

STEP 2 – IDENTIFY RAIL SAFETY TASKS (refer Section 2.4.2)	STEP 3 – ANALYSE TASKS (refer Section 2.4.3)	STEP 4 – ANALYSE SAFETY CONTROLS (refer Section 2.4.4)	STEP 5 – CATEGORISE TASKS* (refer Section 2.4.5)
Identify the tasks that make up the job.	Identify all activities that make up each task and the environment in which they occur.	Identify and describe the existing local safety controls for the tasks and activities described.	Based on the nature of the activities and the existing controls, determine the potential impact of ill-health and categorise accordingly. The highest risk task determines the category.
<div></div>	<div></div>	<div></div>	<div></div>

*CATEGORY DEFINITIONS

Safety Critical Work:

Action or inaction due to ill-health of the worker could lead to a serious incident affecting the public or the rail network.

Non-Safety Critical Work (Around the Track Personnel):

Action or inaction due to ill-health of the worker will not lead to a serious incident affecting the public or the rail network, however it may affect the safety of the individual worker.

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Risk categorisation and health assessment requirements template

General: The risk categorisation and health assessment template reflects the nine-step process for categorising rail safety workers contained in section 2.4 of the Standard, with specific references to relevant sections included for users to refer to as needed.



Category 1 – the work is such that sudden incapacity of the worker due to ill-health could lead to a serious incident affecting the public or the rail network.

Category 2 – the work is such that sudden incapacity of the worker due to ill-health will not lead to a serious incident affecting the public or the rail network.

Category 3 – the work is not performed in a controlled environment and therefore the worker may be at risk from moving trains.

Category 4 – the work is performed in a controlled environment and therefore the worker is not at risk from moving trains.

CONCLUSION – OVERALL CATEGORISATION OF RAIL SAFETY WORKER JOB	
The highest risk task determines the overall category.	
Safety Critical Work	Non-Safety Critical Work / Around the Track Personnel
<input type="checkbox"/> Category 1 (Category 1 health assessment required)	<input type="checkbox"/> Category 3 (Category 3 health assessment required)
<input type="checkbox"/> Category 2 (Category 2 health assessment required)	<input type="checkbox"/> Category 4 (No health assessment required)

STEP 6 – IDENTIFY TASK SPECIFIC HEALTH REQUIREMENTS (refer to Section 2.4.6)			
Determine health requirements for specific tasks for Category 1 and Category 2 workers. There are no task-specific requirements related to the Standard for Category 3 workers but they may have OHS requirements which can be noted below.			
Hearing	<input type="checkbox"/> Speech in noise	<input type="checkbox"/> Speech in quiet	
Musculoskeletal	<input type="checkbox"/> Standing	<input type="checkbox"/> Walking / uneven ground	<input type="checkbox"/> Sitting
	<input type="checkbox"/> Lifting / carrying	<input type="checkbox"/> Aerobic requirements	<input type="checkbox"/> Other (describe)
Colour vision	<input type="checkbox"/> No colour vision requirements	<input type="checkbox"/> Colour Vision Normal	<input type="checkbox"/> Colour Vision Defective Safe A
			<input type="checkbox"/> Colour Vision Defective Safe B
Other requirements/comments (including OHS)			

STEP 7 – CONSIDER ADDITIONAL RISK CONTROLS (refer to Section 2.4.7)
Consider other control options that might be introduced to mitigate the risk, such as additional administrative or engineering controls.

Step 6: The musculoskeletal section has been expanded to include the inherent requirements for rail safety work.

Step 7: This step has been included to facilitate consideration of any improvements in engineering or procedural controls that could feasibly reduce the health assessment requirements.



STEP 8 – CONFIRM AND DOCUMENT HEALTH ASSESSMENT REQUIREMENTS (refer to Section 2.4.8)

Determine the final category and task-specific requirements with consideration of additional controls:

Category

☐ Category confirmed as above

☐ Category amended in light of additional controls – specify:

Task specific requirements

☐ Task specific requirements confirmed as above

☐ Task specific requirements amended in light of additional controls – specify:

Other requirements

☐ Other requirements confirmed as above

☐ Other requirements amended in light of additional controls – specify:

STEP 9 – IMPLEMENT, MONITOR & REVIEW (refer to Section 2.4.9)

Consider requirements for implementation, monitoring and review. Record date of review below.

Assessment completed by (list all contributors) (refer to section 2.4 principles)

Name:	Position:

<input type="checkbox"/> Worksite inspection completed	Date:
<input type="checkbox"/> Job description confirmed	Date:

Other supporting documentation - Describe and attach:

Date of completion:	Date of review:
---------------------	-----------------

Sign off: The form requires recording of contributors to the assessment process to facilitate appropriate consultation with workers and relevant experts.



Request and Report Form

National Standard for Health Assessment of Rail Safety Workers (2024)

Rail Safety Worker Health Assessment
Category 1, 2 and 3

REQUEST AND REPORT FORM

Rail worker's name:		Date:	
Name of rail transport operator:			

CONFIDENTIAL:
The completed form should be returned to the rail transport operator.
A copy should be retained by the Authorised Health Professional (AHP).

- Instructions to the Authorised Health Professional
- You are requested to conduct a health assessment to assess the rail safety worker's fitness for duty according to the details provided in PART A of this form and according to the *National Standard for Health Assessment of Rail Safety Workers*.
 - You must sight photo identification of the rail safety worker/applicant (e.g. driver's licence).
 - Please perform the assessment, complete PART B of this form and return the whole form to the rail transport operator according to contact details in PART A below, within 7 days of the assessment, OR should the worker be assessed Unfit for Duty, please contact the operator immediately by phone so that appropriate rostering changes may be made. Please keep a copy of this form for your own records.
 - You should have the required pathology (non-fasting cholesterol, HDL and HbA1c) and ECG results available for the assessment. This applies to Category 1 Safety Critical Workers at Pre-placement, Change of Grade and Periodic Health Assessments.
 - Requirements for audiometry are noted in Part A of the form. This will be arranged separately if audiometry facilities are not available at your practice.
 - You may need to contact the worker's nominated doctor to discuss conditions that may affect their fitness for duty. Such contact should be made with the worker's signed consent (see Record for Health Professional).
 - Details of the assessment should be recorded on the Record for Health Professional. This record is confidential and should be retained by you, not returned to the operator.
 - For more detailed information about the conduct of health assessments for rail safety workers see the *National Standard for Health Assessment of Rail Safety Workers*.

PART A. REQUEST FOR HEALTH ASSESSMENT (rail transport operator to complete)

A health assessment is requested to assess fitness for rail safety duty.

Date requested:

1. RAIL TRANSPORT OPERATOR DETAILS	
Rail transport operator: <input type="text"/>	
Supervisor / contact: <input type="text"/>	
Phone: <input type="text"/>	Facsimile: <input type="text"/>
Email: <input type="text"/>	
Account and report to be sent to Supervisor at the following address (please insert postal address or fax no): <input type="text"/>	

2. WORKER / APPLICANT DETAILS	
Family name: <input type="text"/>	First names: <input type="text"/>
Employee no. (if applicable): <input type="text"/>	Date of birth: <input type="text"/>



3. WORKER'S HEALTH ASSESSMENT APPOINTMENT DETAILS	
Doctor / practice:	
Address:	Phone:
Appointment date:	Time:

4. ASSESSMENT REQUIREMENTS	
4.1. Risk Category / Level of assessment	
<input type="checkbox"/> Category 1	<input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3
4.2. Description of duties (or see attached Job Description or Health Risk Assessment)	
4.3. Type of assessment required (tick one)	
<input type="checkbox"/> Pre-placement / Change of Risk Category Health Assessment	
<input type="checkbox"/> Periodic Health Assessment	
<input type="checkbox"/> Triggered Health Assessment (provide details below)	
Initiated by:	
<input type="checkbox"/> Rail transport operator	<input type="checkbox"/> Authorised Health Professional (Fit for Duty Subject to Review) <input type="checkbox"/> Worker
Provide details of reasons for Triggered Health Assessment and any other assessment requirements. Refer to relevant workplace reports as appropriate (see section 5).	
4.4. Task specific requirements (Category 1 and 2 Safety Critical Workers)	
Colour vision	<input type="checkbox"/> No colour vision requirements <input type="checkbox"/> Colour Vision Normal
	<input type="checkbox"/> Colour Vision Defective Safe A <input type="checkbox"/> Colour Vision Defective Safe B
Hearing	<input type="checkbox"/> Speech in noise <input type="checkbox"/> Speech in quiet
Musculoskeletal (note specific requirements – tick box and provide details as appropriate)	<input type="checkbox"/> Standing <input type="checkbox"/> Sitting <input type="checkbox"/> Lifting / carrying <input type="checkbox"/> Walking / uneven ground <input type="checkbox"/> Aerobic requirements <input type="checkbox"/> Other
4.5. Specific tests required	
The following tests are required for Pre-placement, Change of Risk Category and Periodic Health Assessments. They are not routinely required for Triggered Health Assessments.	
<input type="checkbox"/> Total cholesterol and HDL (fasting is not required) (Category 1)	
<input type="checkbox"/> HbA1c (Category 1)	
<input type="checkbox"/> Urine glucose (Category 2)	
<input type="checkbox"/> Resting ECG (Category 1)	
<input type="checkbox"/> Audiometry (Category 1, 2 and 3)	
Audiometry ordered from:	
<input type="checkbox"/> Drug or alcohol test (Pre-placement / Change of Risk Category only) unless required for Triggered Health Assessment	
Pathology ordered from:	

Page 2 of 4

Part A, section 4.3: Has been expanded to identify who has initiated a Triggered Health Assessment.

Part A, section 4.4: Has been expanded to facilitate recording of the worker's specific work requirements so that the Authorised Health Professionals tailors the assessment accordingly.



5. SUPPORTING INFORMATION RELEVANT TO THE ASSESSMENT (tick information provided)

☐ Most recent health assessment (attach report)
 Completed by (insert AHP name): _____ on (insert date): _____

☐ Previous relevant Health Assessment Report(s) (attach report(s) and describe below)

☐ Aids required to be worn (specify)
☐ Corrective lenses ☐ Hearing aids ☐ Other (specify) _____

☐ Job modifications currently in place (provide or attach details)

☐ Relevant sick leave for last 12 months (number of days, not details): _____

☐ Relevant workers compensation history (attach details)

☐ Relevant critical incident episodes (attach details)

☐ Relevant workplace reports (attach details)

☐ Record of involvement in serious rail safety incidents (attach details)

☐ Other (specify)

Rail transport operator to complete after the assessment.

6. ACTION TAKEN AS A RESULT OF HEALTH ASSESSMENT (tick as appropriate and record details)

☐ Periodic Health Assessment scheduled as per Standard ☐ Alternative duties / redeployment

☐ Job modification ☐ Drug or alcohol test/assessment

☐ Triggered review scheduled (e.g. Fit for Duty Subject to Review) ☐ Referral to hearing conservation program

7. PORTABILITY OF HEALTH ASSESSMENT REPORT (refer to Section 2.6.8 of the Standard)

The Standard allows for portability of health assessment reports to avoid unnecessary repeat assessments under different transport operators. This is often at the worker's request and must be voluntary. The worker must provide their informed consent in writing for sharing of the report and for the specific circumstances. The rail transport operator must not share the report of this assessment with another operator without the worker's consent.

Portability of assessment result - worker to complete

I, _____ (print name)
☐ give ☐ do not give (please indicate)

permission for this health assessment report to be forwarded to _____
 as confirmation of my fitness for duty for the risk category and specific tasks described.

Signature: _____ Date: _____



Part A, section 5: Details on the completion date and last health assessment have been included to facilitate access to information about the previous health assessment.

Part A, section 5: Details on the aids to be worn has been included and is to be referenced again in Part B.

Part A, section 5: Details on current job modifications has been included and is to be referenced again in Part B.

Part A, section 6: Details on whether the worker has been referred to the hearing conservation program has been included.

Part A, section 7: Content has been updated to clarify portability of the assessment for workers and an option to give or not give permission has been included. This section was previously completed at the time of the assessment.



PART B. HEALTH ASSESSMENT REPORT (Authorised Health Professional to complete)

Worker's first name:		Worker's surname:		Date of birth:	
Worker's job title:		System identifier (if applicable):			
Worker category	Type of assessment	Current aids required		Worker identification	
<input type="checkbox"/> Category 1	<input type="checkbox"/> Pre-placement / Change of Risk Category	<input type="checkbox"/> Corrective lenses		<input type="checkbox"/> I have sighted the worker's photo ID (e.g. driver's licence, passport)	
<input type="checkbox"/> Category 2	<input type="checkbox"/> Periodic Health Assessment	<input type="checkbox"/> Hearing aids		<input type="checkbox"/> ID type and number:	
<input type="checkbox"/> Category 3	<input type="checkbox"/> Triggered Health Assessment (refer Part A for details)	<input type="checkbox"/> Other specify:			
Next Periodic Health Assessment date:		This report is:			
Certificate validity: This certificate is valid until the next review date (see below) OR the next Periodic Health Assessment date, whichever is earliest. This is managed as per section 2.2.7 of the Standard.		<input type="checkbox"/> An interim report pending further investigation (see review date below)			
		<input type="checkbox"/> A final report of the worker's fitness for duty status			
I certify that I have examined the worker in accordance with the medical standards contained in the <i>National Standard for Health Assessment of Rail Safety Workers</i> and in my opinion the worker is (tick one box only in left hand column):					
<input type="checkbox"/> Fit for Duty Unconditional The worker meets all criteria for Fit for Duty Unconditional. They are not subject to any restrictions or conditions and should be reviewed in line with the normal periodic health assessment schedule (refer section 2.3.1).		<input type="checkbox"/> Drug or alcohol testing (if required) Date of test: Drug test <input type="checkbox"/> Negative <input type="checkbox"/> Positive Alcohol breath test <input type="checkbox"/> Negative <input type="checkbox"/> Positive			
		<input type="checkbox"/> Colour vision <input type="checkbox"/> Colour Vision Normal <input type="checkbox"/> Colour Vision Safe A <input type="checkbox"/> Colour Vision Safe B <input type="checkbox"/> Not assessed <input type="checkbox"/> Unfit for Colour Critical Work			
<input type="checkbox"/> Fit for Duty Subject to Review The worker does not meet all the criteria for Fit for Duty Unconditional. The worker's condition is sufficiently controlled to permit current rail safety duties under certain conditions (refer section 2.3.2).		<input type="checkbox"/> Review requirements (as applicable) Date of next review A review appointment with AHP should be scheduled by (date):			
<input type="checkbox"/> Temporarily Unfit for Duty Please notify the rail transport operator immediately if worker assessed as Temporarily Unfit for Duty The worker does not meet the criteria for Fit for Duty Unconditional or Fit for Duty Subject to Review and cannot presently perform current rail safety duties (refer section 2.3.3). May return to full duty pending: improvement in condition; response to treatment; confirmed diagnosis of undifferentiated illness.		<input type="checkbox"/> Nature of review assessment <input type="checkbox"/> Full medical assessment <input type="checkbox"/> Assessment for specific medical condition(s) <input type="checkbox"/> Review of aids (hearing or vision)			
		<input type="checkbox"/> Reports and/or tests required <input type="checkbox"/> Local doctor report/s <input type="checkbox"/> Specialist report/s <input type="checkbox"/> Test results			
<input type="checkbox"/> Permanently Unfit for Duty Please notify the rail transport operator immediately if worker is assessed as Permanently Unfit for Duty The worker has a permanent or progressive condition that is predicted to render them unfit for their current rail safety duties for 12 months or more (refer section 2.3.4).		<input type="checkbox"/> Additional requirements for review, management <input type="checkbox"/> CMO review <input type="checkbox"/> Referral to hearing conservation program (operator to action) <input type="checkbox"/> Other (provide detail below)			
<input type="checkbox"/> Job modification (Fit for Duty Subject to Review) In most cases job modification may not be practicable but alternative duties such as office work may be available (refer opposite and categorise Temporarily Unfit for Duty). I recommend the following restrictions and timeframes to inform job modifications: <input type="checkbox"/> As per WorkCover Certificate		<input type="checkbox"/> Alternative duties (Temporarily Unfit for Duty) <input type="checkbox"/> Unfit for Category 1 and Category 2 work, but fit for Category 3 <input type="checkbox"/> Unfit for Category 1, 2 and 3 work, but fit to work outside the danger zone <input type="checkbox"/> Has a condition that may have an effect on non-safety tasks <input type="checkbox"/> Other			
Authorised Health Professional		Reviewing Authorised Health Professional, Occupational Physician or Chief Medical Officer (if applicable)			
Name:		Name:			
Address:		Address:			
Signature:		Signature:			
Date of AHP assessment:		Date of review:			

Part B: Includes information about the worker's category and the type of assessment so that it can be viewed independently to the Request aspect of the form.

System identifier has been included to record worker identification numbers, such as RIW number or other industry system.

Part B: Has been restructured around the four main fitness for duty categories, noting that Fit for Duty Conditional is no longer a category.

Part B: Includes results for colour vision and drug testing if conducted.

Part B: Allows for recording of recommended job modifications and suitability for alternative duties and grades of work.

Part B: Additional fields have been included to indicate whether the report has been reviewed by an AHP, Chief Medical Officer or other physician.



WORKER NOTIFICATION AND HEALTH QUESTIONNAIRE

Rail worker's name:		Date:	
Name of rail transport operator:			

CONFIDENTIAL:

For privacy reasons the completed form must be retained by the Authorised Health Professional (AHP) and not returned to the Rail Transport Operator (RTO) or contracting firm.

Instructions to the worker or applicant

- You are required to attend a health assessment as part of your employment to assess your fitness for rail safety work. The health assessment must be completed by (date) to ensure that you can carry out or commence normal duties. The assessment will be conducted by an Authorised Health Professional (AHP).
- Please complete the enclosed questionnaire and provide it to the AHP. You must sign the last page of the questionnaire in the presence of the AHP.
- Please take to the appointment: glasses, hearing aid or any other aids required for your work; all medications you are currently taking or a list of these; and photo identification.
- If you are a Category 1 Safety Critical Worker, you must have a blood test as part of your Periodic Health Assessment. This test should take place at least 48 hours before the appointment with the AHP so that they have the results. Fasting is not required.
- The health assessment may include a drug and alcohol test (at Pre-employment or Triggered Health Assessment if indicated). If you return a positive drug or alcohol test, you will be categorised Temporarily Unfit for Duty until you have complied with your RTO's drug and alcohol policy requirements.
- The AHP may ask your permission to speak to your general practitioner or treating specialist. If you agree, the AHP will ask you to sign a document providing written consent to such contact.
- If the AHP finds or suspects something is wrong with your health that you did not know about, they will ask your permission to inform your doctor. The examining doctor will not treat any medical condition but will give you a letter to take to your doctor.
- If the AHP finds that you do not meet all relevant medical criteria, your supervisor at the RTO or contracting firm will discuss with you the appropriate actions to be taken.

Disclosure of health information – please read carefully and sign the declaration at the end of the form to indicate you understand how health information is reported, stored and accessed.

In line with privacy and health records legislation, the AHP retains and keeps confidential all detailed medical information relating to your health assessment, including your test results and the completed record of clinical findings. They do not disclose this information to your RTO or contracting firm unless you provide specific written authorisation. The AHP only sends the completed health assessment report to indicate your fitness for rail safety work.

The exception to the above is that the Chief Medical Officer (CMO) or a person authorised by the CMO may access your full medical records and test results to aid in the management of your health in relation to your work, or for audit purposes, or to compile statistics. The CMO or authorised representative must maintain the confidentiality of these records and ensure they are not made available to, or discussed with, any person within your RTO or contracting firm.

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

- a notifiable disease is diagnosed which must by law, be reported to the State authorities
- a report is subject to subpoena or a statutory disclosure requirement
- the rail safety regulator (or another person) is required to conduct an inquiry into a railway accident or incident
- a person or organisation is appointed to conduct an audit of the AHP's compliance with the *National Standard for Health Assessment of Rail Safety Workers*
- de-identified statistical information related to your health assessment is compiled for research purposes
- there is another lawful purpose.

You have the right to request access to the health records held by the AHP and reports held by the RTO.

Portability of health assessment reports: Your health assessment report cannot be shared with another RTO without your written consent.

Please sign the declaration at the end of the form to indicate your understanding of how your health information will be managed.



Worker Notification and Health Questionnaire Category 1 and 2

General: The worker disclosure statement has been updated to cover upload of health assessment for research.



PART A. WORKER AND APPOINTMENT DETAILS (rail transport operator to complete)

Date of request:	
1. WORKER / APPLICANT DETAILS	
Family name:	First names:
Employee no:	Date of birth:
Risk Category:	<input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2
2. HEALTH ASSESSMENT APPOINTMENT DETAILS	
Doctor / practice:	
Address:	Phone:
Appointment date:	Time:
3. TYPE OF ASSESSMENT REQUIRED (tick one category and provide more information as required for Triggered Health Assessment)	
<input type="checkbox"/> Pre-placement / Change of Risk Category Health Assessment (All applicants for rail safety work are required to have a health assessment as a requirement of employment)	
<input type="checkbox"/> Periodic Health Assessment (All rail safety workers are required to undergo regular health assessments. The frequencies of assessments are defined in Section 2.2.6 of the Standard)	
<input type="checkbox"/> Triggered Health Assessment (provide details below) (Rail safety workers may be required to undergo additional health assessments due to health concerns arising between Periodic Health Assessments, or the need to monitor an existing health condition as outlined in Section 2.2.6 of the Standard.) For more information about the reasons for the Triggered Health Assessment, please speak to your supervisor.	
Initiated by:	
<input type="checkbox"/> Rail transport operator	<input type="checkbox"/> Authorised Health Professional (Fit for Duty Subject to Review)
<input type="checkbox"/> Worker	
Provide details of reasons for Triggered Health Assessment and any other assessment requirements. Refer to relevant workplace reports as appropriate.	

PART B. HEALTH QUESTIONNAIRE (worker/applicant to complete)

This questionnaire must be completed to help assess your fitness for rail safety duties. Please answer the questions by ticking the appropriate box and providing the detail requested. If you are not sure, leave the question blank and ask the Authorised Health Professional (AHP) what it means. The AHP will ask you more questions during the assessment.

1. PLEASE PROVIDE YOUR HOME ADDRESS AND CONTACT DETAILS	
Address:	Phone:
	Email address:
2. ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?	
<input type="checkbox"/> No <input type="checkbox"/> Yes Aboriginal origin <input type="checkbox"/> Yes Torres Strait Islander origin	
3. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR EXPERIENCE AT WORK	AHP COMMENTS
3.1. Have you experienced difficulty completing any tasks required for your work (e.g. concentrating, making decisions, seeing signals, walking on ballast, hearing train instructions)? If yes, please describe:	

Part A, section 3: Has been expanded to identify who has initiated a Triggered Health Assessment and the reasons for the assessment.

Part B, section 1 and 2: Information about a worker's address and indigenous status are requested to inform the Cardiac Risk Score and assessment.

Part B, section 3: Open questions about the worker's experiences since their last assessment have been moved to the beginning of the Health Questionnaire.



Rail worker's name: Date:

3.2. Have you experienced persistent symptoms such as feeling tired, drained or exhausted? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.3. Have you been involved in any accidents or near misses at work? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.4. Have you tested positive for drugs or alcohol (at work or elsewhere e.g., driving)? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR HEALTH	AHP COMMENTS	
4.1. Are you currently attending a health professional for any illness or injury? If yes, please describe:		
4.2. Are you currently taking any medications? If yes, please list:		
4.3. Since your last assessment have you started any new medication? (current employees only)		
4.4. Since your last assessment have you been admitted to hospital? If yes, please describe: (current employees only)		
4.5. Do you have or have you ever had:		
Blackouts or fainting		<input type="checkbox"/> Yes <input type="checkbox"/> No
High blood pressure		<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart disease		<input type="checkbox"/> Yes <input type="checkbox"/> No
Chest pain, angina		<input type="checkbox"/> Yes <input type="checkbox"/> No
Any condition requiring heart surgery		<input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormal shortness of breath or chest disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Palpitations / irregular heartbeat	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Memory loss or difficulty with attention or concentration	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Head injury, spinal injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Seizures, fits, convulsions, epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part B, section 4: Questions relating to current employees have been moved to the beginning of the Health Questionnaire.



Rail worker's name:
Date:

4.5. (continued) Do you have or have you ever had:

Dizziness, vertigo, problems with balance
Yes
No

Neurodevelopmental disorder such as attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD) or other neurodevelopmental disorder
Yes
No

Psychiatric or psychological condition
Yes
No

Sleep disorder, sleep apnoea or narcolepsy
Yes
No

Hearing loss or deafness or had an ear operation or are using a hearing aid
Yes
No

Double vision, difficulty seeing, or difficulty adapting to changing light conditions
Yes
No

Vision disorder, including cataract, glaucoma, optic neuropathy and retinitis pigmentosa
Yes
No

Colour blindness
Yes
No

Neck, back or limb disorders
Yes
No

4.6. Have you ever had any other serious injury, illness, operation, or been in hospital for any reason? If yes, please describe briefly below.
Yes
No

4.7. These questions concern how you have been feeling over the past 4 weeks.
Tick the box to the right of each question that best represents how you have been feeling.

Please tick the answer that is correct for you over the past four weeks	All of the time (Score 5)	Most of the time (Score 4)	Some of the time (Score 3)	A little of the time (Score 2)	None of the time (Score 1)
a. About how often did you feel tired out for no good reason?					
b. About how often did you feel nervous?					
c. About how often did you feel so nervous that nothing could calm you down?					
d. About how often did you feel hopeless?					
e. About how often did you feel restless or fidgety?					
f. About how often did you feel so restless you could not sit still?					
g. About how often did you feel depressed?					
h. About how often did you feel that everything was an effort?					
i. About how often did you feel so sad that nothing could cheer you up?					
j. About how often did you feel worthless?					

AHP COMMENTS

Part B, section 4: A new question about neurodevelopmental disorders has been included.

Part B, section 4: K10 questions have been moved to be part of overall health questions.



Rail worker's name: Date:

5. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR SLEEP

5.1. Do you snore loudly (loud enough to be heard through closed doors or your bed-partner elbows you for

Yes

No

5.2. Do you often feel tired, fatigued, or sleepy during the daytime (such as falling asleep during driving or

Yes

No

5.3. Has anyone observed you stop breathing or choking/

Yes

No

5.4. Have you ever been told by a doctor that you have a sleep disorder, sleep apnoea or narcolepsy?

Yes

No

5.5. This question asks how likely you are to doze or fall asleep (rather than just feel tired) in a number of situations. Please tick the response that best applies to you for each situation in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you.

How likely are you to doze off or fall asleep (rather than just feeling tired) in the following situations?	Would never doze off (0)	Slight chance of dozing (1)	Moderate chance of dozing (2)	High chance of dozing (3)
a. Sitting and reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sitting inactive in a public place (e.g., a theatre or a meeting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. As a passenger in a car for an hour without a break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lying down to rest in the afternoon when circumstances permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sitting and talking to someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sitting quietly after a lunch without alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. In a car, while stopped for a few minutes in the traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part B, section 5: Questions about sleep have been revised to reflect the data collection for the STOP-Bang questionnaire.



Rail worker's name: _____ Date: _____

6. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR USE OF ALCOHOL, TOBACCO AND OTHER DRUGS

6.1. The following questions ask about your alcohol intake. For each question, please tick the answer that is correct for you.

	(0)	(1)	(2)	(3)	(4)
a. How often do you have a drink containing alcohol?	<input type="checkbox"/> Never (skip to Q6.2)	<input type="checkbox"/> Monthly or less	<input type="checkbox"/> 2 to 4 times a month	<input type="checkbox"/> 2 to 3 times a week	<input type="checkbox"/> 4 or more times a week
b. How many drinks containing alcohol do you have on a typical day when you are drinking?	<input type="checkbox"/> 1 or 2	<input type="checkbox"/> 3 or 4	<input type="checkbox"/> 5 or 6	<input type="checkbox"/> 7, 8 or 9	<input type="checkbox"/> 10 or more
c. How often do you have 6 or more drinks on one occasion?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
d. How often during the last year have you failed to do what was normally expected from you because of drinking?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
e. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
f. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
g. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
h. Have you or someone else been injured as a result of your drinking?	<input type="checkbox"/> No		<input type="checkbox"/> Yes, but not in the last year		<input type="checkbox"/> Yes, during the last year
i. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/> No		<input type="checkbox"/> Yes, but not in the last year		<input type="checkbox"/> Yes, during the last year

6.2. Do you smoke or have you ever been a smoker?

☐ I have never smoked cigarettes

☐ I previously smoked cigarettes

Quit date: _____

☐ I currently smoke cigarettes

Number of cigarettes per day: _____

☐ I currently vape

6.3. Have you ever used illicit drugs?

☐ Yes

☐ No

Part B, section 6.3: Additional questions regarding vaping and illicit drug use and health issues have been included.

Part B, section 6.2: Vaping has been included in the question about smoking.

Part B, section 6.3: The question regarding illicit drug use has been expanded to cover historical use.

Rail worker's name: Date:

PART C. WORKER'S DECLARATION

WORKER'S DECLARATION – MANAGEMENT OF HEALTH INFORMATION

I, (print name)

certify that I have read and understood the statement concerning the management of the health information provided in this document. I agree that this declaration cannot be withdrawn to avoid the consequences of not passing a medical assessment and/or failing a drug or alcohol test.

Signature:

Date:

WORKER'S DECLARATION – ACCURACY OF INFORMATION PROVIDED

(To be completed by the worker in the presence of the Authorised 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 AHP:

Date:

Part C: Worker's declarations are now all in the same place.



WORKER NOTIFICATION AND HEALTH QUESTIONNAIRE

CONFIDENTIAL:

For privacy reasons the completed form must be retained by the Authorised Health Professional (AHP) and not returned to the Rail Transport Operator (RTO) or contracting firm.

- You are required to attend a health assessment as part of your employment to assess your fitness for rail safety work. The health assessment must be completed by (date) to ensure that you can carry out/commence normal duties. The assessment will be conducted by an Authorised Health Professional (AHP).
- Please complete the enclosed questionnaire and provide it to the AHP. You must sign the last page of the questionnaire in the presence of the AHP.
- Please take to the appointment: glasses, hearing aid or any other aids required for your work; all medications you are currently taking or a list of these; and photo identification.
- The health assessment may include a drug and alcohol test (at Pre-employment or Triggered Health Assessment if indicated). If you return a positive drug or alcohol test you will be categorised Temporarily Unfit for Duty until you have complied with your RTO's drug and alcohol policy requirements.
- The AHP may ask your permission to speak to your general practitioner or treating specialist. If you agree, the AHP will ask you to sign a document providing written consent to such contact.
- If the AHP finds or suspects something is wrong with your health that you did not know about, they will ask your permission to inform your doctor. The examining doctor will not treat any medical condition but will give you a letter to take to your doctor.
- If the AHP finds that you do not meet all relevant medical criteria, your supervisor at the RTO or contracting firm will discuss with you the appropriate actions to be taken.

Disclosure of health information – please read carefully and sign the declaration at the end of the form to indicate you understand how health information is reported, stored and accessed.

In line with privacy and health records legislation, the AHP retains and keeps confidential all detailed medical information relating to your health assessment including your test results and the completed record of clinical findings. They do not disclose this information to your RTO or contracting firm unless you provide specific written authorisation. The AHP only sends the completed health assessment report to indicate your fitness for rail safety work.

The exception to the above is that the Chief Medical Officer (CMO) or a person authorised by the CMO may access your full medical records and test results to aid in the management of your health in relation to your work, or for audit purposes, or to compile statistics. The CMO or authorised representative must maintain the confidentiality of these records and ensure they are not made available to, or discussed with, any person within your RTO or contracting firm.

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

- a notifiable disease is diagnosed that must by law, be reported to the State authorities
- a report is subject to subpoena or a statutory disclosure requirement
- the rail safety regulator (or another person) is required to conduct an inquiry into a railway accident or incident
- a person or organisation is appointed to conduct an audit of the AHP's compliance with the *National Standard for Health Assessment of Rail Safety Workers*
- de-identified statistical information related to your health assessment is compiled for research purposes
- there is another lawful purpose.

You have the right to request access to the health records held by the AHP and to reports held by the RTO.

Portability of health assessment reports: Your health assessment report cannot be shared with another RTO without your written consent.

Please sign the declaration at the end of the form to indicate your understanding of how your health information will be managed.



Worker Notification and Health Questionnaire Category 3

General: The worker disclosure statement has been updated to cover upload of health assessment for research.



PART A. WORKER AND APPOINTMENT DETAILS (rail transport operator to complete)

Date of request:	
1. WORKER / APPLICANT DETAILS	
Family name:	First names:
Employee no:	Date of birth:
2. HEALTH ASSESSMENT APPOINTMENT DETAILS	
Doctor / practice:	
Address:	Phone:
Appointment date:	Time:
3. TYPE OF ASSESSMENT REQUIRED (tick one category and provide more information as required for Triggered Health Assessment)	
<input type="checkbox"/> Pre-placement / Change of Risk Category Health Assessment (All applicants for rail safety work are required to have a health assessment as a requirement of employment)	
<input type="checkbox"/> Periodic Health Assessment (All rail safety workers are required to undergo regular health assessments. The frequencies of assessments are defined in Section 2.2.6 of the Standard)	
<input type="checkbox"/> Triggered Health Assessment (provide details below) (Rail safety workers may be required to undergo additional health assessments due to health concerns arising between Periodic Health Assessments, or the need to monitor an existing health condition as outlined in Section 2.2.6 of the Standard.) For more information about the reasons for the Triggered Health Assessment, please speak to your supervisor.	
Initiated by:	
<input type="checkbox"/> Rail transport operator	<input type="checkbox"/> Authorised Health Professional (Fit for Duty Subject to Review)
<input type="checkbox"/> Worker	
Provide details of reasons for Triggered Health Assessment and any other assessment requirements. Refer to relevant workplace reports as appropriate.	

PART B. HEALTH QUESTIONNAIRE (worker/applicant to complete)

This questionnaire must be completed to help assess your fitness for rail safety duties. Please answer the questions by ticking the appropriate box and providing the detail requested. If you are not sure, leave the question blank and ask the Authorised Health Professional (AHP) what it means. The AHP will ask you more questions during the assessment.

1. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR EXPERIENCE AT WORK	AHP COMMENTS
1.1. Have you experienced difficulty completing any tasks required for your work (e.g. concentrating, making decisions, seeing signals, walking on ballast, hearing train instructions)? If yes, please describe:	
1.2. Have you experienced persistent symptoms such as feeling tired, drained or exhausted? If yes, please describe:	

Part B, section 1: Open questions about the worker's experiences since their last assessment have been moved to the beginning of the Health Questionnaire.



Rail worker's name: Date:

1.3. Have you been involved in any accidents or near misses at work? If yes, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="text"/>			
1.4. Have you tested positive for drugs or alcohol (at work or elsewhere e.g., driving)? If yes, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="text"/>			

2. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR HEALTH		AHP COMMENTS
2.1. Are you currently attending a health professional for any illness or injury? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="text"/>		
2.2. Are you currently taking any medications? If yes, please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="text"/>		
2.3. Since your last assessment have you started any new medication? (current employees only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="text"/>		
2.4. Since your last assessment have you been admitted to hospital? If yes, please describe: (current employees only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="text"/>		
2.5. Do you have or have you ever had:		
Blackouts or fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chest pain, angina	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any condition requiring heart surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Abnormal shortness of breath or chest disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Palpitations / irregular heartbeat	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Memory loss or difficulty with attention or concentration	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Head injury, spinal injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Seizures, fits, convulsions, epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dizziness, vertigo, problems with balance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Psychiatric or psychological condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sleep disorder, sleep apnoea or narcolepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part B, section 2: Questions relating to current employees have been moved to the beginning of the Health Questionnaire.



Rail worker's name: Date:

2.5. (continued) Do you have or have you ever had:	
Hearing loss or deafness or had an ear operation or are using a hearing aid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Double vision, difficulty seeing, or difficulty adapting to changing light conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision disorder, including cataract, glaucoma, optic neuropathy and retinitis pigmentosa	<input type="checkbox"/> Yes <input type="checkbox"/> No
Colour blindness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neck, back or limb disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.6. Have you ever had any other serious injury, illness, operation, or been in hospital for any reason? If yes, please describe briefly below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	

PART C. WORKER'S DECLARATION

WORKER'S DECLARATION - MANAGEMENT OF HEALTH INFORMATION

I, (print name)

certify that I have read and understood the statement concerning the management of the health information provided in this document. I agree that this declaration cannot be withdrawn to avoid the consequences of not passing a medical assessment and/or failing a drug or alcohol test.

Signature: Date:

WORKER'S DECLARATION - ACCURACY OF INFORMATION PROVIDED

(To be completed by the worker in the presence of the Authorised 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 AHP: Date:

Part C: Worker's declarations are now all in the same place.



 **Rail Safety Worker Health Assessment**
Category 1 and 2**RECORD FOR HEALTH PROFESSIONAL**

Rail worker's name:		Date:	
Name of rail transport operator:			

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.

Record for Health Professional
Category 1 and 2

Guidance box: The front page has been updated with additional guidance notes for AHPs.

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
1.1. Hearing issues identified on Health Questionnaire, general history or workplace reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Include comments regarding management of existing hearing issues, including specialist reports.</p>
Provide details under AHP comments, including stability of condition.		
1.2. Are hearing aids worn?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?		
<input type="checkbox"/> No <input type="checkbox"/> Yes, speech in noise <input type="checkbox"/> Yes, speech in quiet		
Details:		
1.5. Referral to hearing conservation program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details:		

2. VISION (refer Section 4.13 of the Standard)		AHP COMMENTS												
2.1. Vision issues identified on Health Questionnaire, general history or workplace reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Include comments regarding management of existing vision issues, including specialist reports.</p>												
Provide details under AHP comments, including stability of condition.														
2.2. Visual aids														
Are glasses worn? <input type="checkbox"/> Yes <input type="checkbox"/> No														
Are contact lenses worn? <input type="checkbox"/> Yes <input type="checkbox"/> No														
2.3. Visual acuity assessment														
<table border="1"> <thead> <tr> <th colspan="2">Uncorrected</th> <th colspan="2">Corrected</th> </tr> <tr> <th>R</th> <th>L</th> <th>R</th> <th>L</th> </tr> </thead> <tbody> <tr> <td>6/</td> <td>6/</td> <td>6/</td> <td>6/</td> </tr> </tbody> </table>			Uncorrected		Corrected		R	L	R	L	6/	6/	6/	6/
Uncorrected			Corrected											
R	L		R	L										
6/	6/		6/	6/										
2.4. Visual fields (confrontation to each eye)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal													
2.5. Colour vision required?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
If required conduct Ishihara (≥ 3 errors / 12 screening plates is a fail)														
<table border="1"> <thead> <tr> <th></th> <th>Pass</th> <th>Fail</th> </tr> </thead> <tbody> <tr> <td>• Railway LED Lantern test 6 m (Colour Vision Normal)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Railway LED Lantern test 3 m (Colour Vision Safe A) OR</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Farnsworth D15 (Colour Vision Safe B)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			Pass	Fail	• Railway LED Lantern test 6 m (Colour Vision Normal)	<input type="checkbox"/>	<input type="checkbox"/>	• Railway LED Lantern test 3 m (Colour Vision Safe A) OR	<input type="checkbox"/>	<input type="checkbox"/>	• Farnsworth D15 (Colour Vision Safe B)	<input type="checkbox"/>	<input type="checkbox"/>	
	Pass	Fail												
• Railway LED Lantern test 6 m (Colour Vision Normal)	<input type="checkbox"/>	<input type="checkbox"/>												
• Railway LED Lantern test 3 m (Colour Vision Safe A) OR	<input type="checkbox"/>	<input type="checkbox"/>												
• Farnsworth D15 (Colour Vision Safe B)	<input type="checkbox"/>	<input type="checkbox"/>												
2.6. Referral for investigation/management?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
Details:														

Part C: All sections begin with reference to information gained from the Health Questionnaire, general history and workplace reports.

Part C: A new question regarding referral for investigation/management has been included for all health conditions.



Rail worker's name: Date:

3. CARDIOVASCULAR SYSTEM (refer Section 4.2 of the Standard)				AHP COMMENTS
3.1. Cardiovascular issues identified in Health Questionnaire, general history or workplace reports?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Include comments regarding management of existing cardiovascular conditions, including specialist reports.</p> <p>Include other considerations e.g. physical activity, diet, symptoms, past history, comorbidities, work conditions, recent COVID-19 infection and indigenous status</p>
Provide details under AHP comments.				
3.2. Family history		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.3. Blood pressure		Repeated (if necessary)		
Systolic	<input type="text"/>	Systolic	<input type="text"/>	
Diastolic	<input type="text"/>	Diastolic	<input type="text"/>	
3.4. Pulse rate	<input type="text"/> bpm	<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular	
3.5. Heart sounds		<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
3.6. Peripheral pulses		<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
3.7. Resting ECG (Category 1)		<input type="checkbox"/> Normal	<input type="checkbox"/> 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.				
<input type="checkbox"/> Moderate-severe chronic kidney disease	<input type="checkbox"/> Familial hypercholesterolaemia	<input type="checkbox"/> Neither present		
Age	<input type="text"/> yrs	Sex at birth	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Smoking status				
<input type="checkbox"/> Never smoked	<input type="checkbox"/> Previously smoked (ceased >1 year ago)	<input type="checkbox"/> Currently smokes (or ceased ≤1 year ago)		
Systolic blood pressure (from above)				
Ratio of total cholesterol to HDL cholesterol				
Total mmol/L	<input type="text"/>	HDL mmol/L	<input type="text"/>	
Ratio	<input type="text"/>			
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	HbA1c <input type="text"/>		
Use of CVD medicines within last 6 months				
<input type="checkbox"/> Blood pressure-lowering medicines	<input type="checkbox"/> Lipid-modifying medicines			
<input type="checkbox"/> Antithrombotic medicines	<input type="checkbox"/> None			
History of atrial fibrillation <input type="checkbox"/> Yes <input type="checkbox"/> No				
Postcode: <input type="text"/>				
3.9. Referral for investigation/management?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details: <input type="text"/>				

4. DIABETES (refer Section 4.3 of the Standard)				AHP COMMENTS
4.1. Diabetes identified in Health Questionnaire (self-report) or general history?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Include comments regarding management and control of existing diabetes, including specialist reports.</p>
4.2. Diabetes screen (see below for existing diabetes)				
Has diabetes based on HbA1c (above)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Positive urine glucose test (Category 2)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.3. Existing diabetes				
Satisfactory control?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Clarke Questionnaire: Less than 4 'R' responses? (if applicable)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.4. Referral for investigation/management?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details: <input type="text"/>				

Part C, section 3: The new cardiac risk score components have been included, with the option to note recent COVID-19 infection and indigenous status in the AHP comment box.

Part C, section 4: A field to record results of the urine screen for Category 2 workers is included.



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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Include comments regarding management of existing musculoskeletal conditions, including specialist reports.
5.2. Musculoskeletal screening assessment*			
Spine			
Cervical spine movements	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
Back movements	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
Upper limbs			
Appearance	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
Joint movements	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
Lower limbs			
Appearance	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
Joint movements	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
Gait	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
Balance			
Romberg's test	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
5.3. Referral for investigation/management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details: <input type="text"/>			

* 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Include comments regarding nature and management of existing neurological conditions, including specialist reports.
6.2. Is there any presence of tremor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.3. Balance (Romberg's test)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
6.4. Referral for investigation/management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details: <input type="text"/>			

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Include comments regarding management of existing neurodevelopmental disorders, including specialist reports.
7.2. Referral for investigation/management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details: <input type="text"/>			

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:**			
<input type="checkbox"/> Zone I (10-18)	<input type="checkbox"/> Fit for Duty		
<input type="checkbox"/> Zone II (19-24)	<input type="checkbox"/> Fit for Duty Subject to Review		
<input type="checkbox"/> Zone III (25-29) – Refer to GP and/or counselling	<input type="checkbox"/> Fit for Duty Subject to Review OR		
<input type="checkbox"/> Zone IV (35-50) – Refer for assessment	<input type="checkbox"/> Temporarily Unfit for Duty		

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

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Part C, section 5: Delineation to better show relevant musculoskeletal considerations has been updated.

Part C, section 7: A new section on neurodevelopmental disorders has been included.



Rail worker's name: _____		Date: _____	
8.3. Existing psychological condition Satisfactory control? <input type="checkbox"/> Yes <input type="checkbox"/> No 8.4. Is attitude, speech and behaviour appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No 8.5. Referral for investigation/management? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____			
9. SLEEP (refer Section 4.11 of the Standard)		AHP COMMENTS	
9.1. Sleep disorder self-identified on Health Questionnaire or general history? <input type="checkbox"/> Yes <input type="checkbox"/> No 9.2. Potential sleepiness identified in ESS, workplace reports or incidents? <input type="checkbox"/> Yes <input type="checkbox"/> No ESS score (from Question 5.5 of Health Questionnaire): _____ 9.3. Sleep apnoea risk assessment Clinical Measures BMI: _____ kg/m ² 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) <input type="checkbox"/> Yes <input type="checkbox"/> No T Does the worker often feel tired, fatigued or sleepy during the daytime? (Qu 5.2) <input type="checkbox"/> Yes <input type="checkbox"/> No O Has anyone observed the worker stop breathing or choking/gasping during sleep? (Qu 5.3) <input type="checkbox"/> Yes <input type="checkbox"/> No P Is the workers under treatment for high blood pressure? (see above - Item 3.8) <input type="checkbox"/> Yes <input type="checkbox"/> No B BMI ≥ 35? (see above) <input type="checkbox"/> Yes <input type="checkbox"/> No A Age ≥ 50? <input type="checkbox"/> Yes <input type="checkbox"/> No N Neck circumference ≥ 40cm? (see above) <input type="checkbox"/> Yes <input type="checkbox"/> No G Gender male? <input type="checkbox"/> Yes <input type="checkbox"/> No Total score (see below for categorisation): _____			
9.4. Fitness for Duty categorisation based on sleep assessment*			
<input type="checkbox"/> ESS score 0-10 (normal range) <input type="checkbox"/> No other symptoms / risk factors (STOP-Bang <3) / incidents <input type="checkbox"/> Fit for Duty <input type="checkbox"/> Plus other symptoms / risk factors (STOP-Bang ≥3) / incidents <input type="checkbox"/> Fit for Duty Subject to Review OR <input type="checkbox"/> Temporarily Unfit for Duty			
<input type="checkbox"/> ESS score 11-15 (mild to moderate sleepiness) <input type="checkbox"/> No other symptoms / risk factors (STOP-Bang <3) / incidents <input type="checkbox"/> Fit for Duty <input type="checkbox"/> Plus other symptoms / risk factors (STOP-Bang ≥3) / incidents <input type="checkbox"/> Fit for Duty Subject to Review OR <input type="checkbox"/> Temporarily Unfit for Duty			
<input type="checkbox"/> ESS score ≥ 16 (moderate to severe sleepiness) <input type="checkbox"/> Temporarily Unfit for Duty			

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



Part C, section 9: A new section on the STOP-Bang questionnaire and scoring has been included.

Workers scoring 3 or more on the STOP-Bang questionnaire will be referred for a sleep study. They will generally be categorised Fit for Duty Subject to Review while being investigated unless excessive daytime sleepiness is demonstrated.



Rail worker's name: Date:

9.5. Existing sleep disorder		
Compliance with treatment and satisfactory response	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.6. Referral for investigation/management?		
Polysomnography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specialist referral	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MWT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details: <input type="text"/>		

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Include comments regarding management of existing substance misuse, including specialist reports.
10.2. Alcohol misuse screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	
AUDIT Score (from Question 6.1 of Health Questionnaire)*:		
<input type="checkbox"/> Zone I (0-7) – Alcohol education	<input type="checkbox"/> Fit for Duty Unconditional	
<input type="checkbox"/> Zone II (8-15) – Simple advice	<input type="checkbox"/> Fit for Duty Subject to Review	
<input type="checkbox"/> Zone III (16-19) – Brief counselling and continued monitoring	<input type="checkbox"/> Fit for Duty Subject to Review OR <input type="checkbox"/> Temporarily Unfit for Duty	
<input type="checkbox"/> Zone IV (20-40) – Diagnostic evaluation and treatment	<input type="checkbox"/> Temporarily Unfit for Duty	
10.3. Drug/alcohol test**	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drug test		
Details and result: <input type="text"/>		
Alcohol breath test		
Details and result: <input type="text"/>		
10.4. Existing substance misuse		
Satisfactory control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.5. Referral for investigation/management?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details: <input type="text"/>		

* 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:



**Rail Safety Worker Health Assessment
Category 3**

RECORD FOR HEALTH PROFESSIONAL

Rail worker's name:		Date:	
Name of rail transport operator:			

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)
<input type="checkbox"/> Give	<input type="checkbox"/> 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.

**Record for Health Professional
Category 3**

Guidance box: The front page has been updated with additional guidance notes for AHPs.

Rail worker's name: Date:

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

1. HEARING (refer Section 5.2 of the Standard)					AHP COMMENTS
1.1. Hearing issues identified on Health Questionnaire, general history or workplace reports? <input type="checkbox"/> Yes <input type="checkbox"/> No					Include comments regarding management of existing hearing issues, including specialist reports.
Provide details under AHP comments, including stability of condition.					
1.2. Are hearing aids worn? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Details:					
2. VISION (refer Section 5.3 of the Standard)					AHP COMMENTS
2.1. Vision issues identified on Health Questionnaire, general history or workplace reports? <input type="checkbox"/> Yes <input type="checkbox"/> No					Include comments regarding management of existing vision issues, including specialist reports.
Provide details under AHP comments, including stability of condition.					
2.2. Visual aids					
Are glasses worn? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are contact lenses worn? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2.3. Visual acuity assessment					
Uncorrected		Corrected			
R	L	R	L		
6/	6/	6/	6/		
2.4. Visual fields (confrontation to each eye) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal					
2.5. Referral for investigation/management? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Details:					

Part C: All sections begin with reference to information gained from the Health Questionnaire, general history and workplace reports.

Part C: A new question regarding referral for investigation/management has been included for all health conditions.



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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Include comments regarding management of existing musculoskeletal conditions, including specialist reports.
3.2. Musculoskeletal screening assessment*		
Spine		
Cervical spine movements	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Back movements	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Upper limbs		
Appearance	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Joint movements	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Lower limbs		
Appearance	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Joint movements	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Gait	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Balance		
Romberg test	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
3.3. Referral for investigation/management?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details: <input type="text"/>		

* 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Include comments regarding management of existing conditions including specialist reports.
Diabetes		
Details: <input type="text"/>		
Cardiovascular condition		
Details: <input type="text"/>		
Neurological condition		
Details: <input type="text"/>		
Psychiatric condition		
Details: <input type="text"/>		
Substance misuse		
Details: <input type="text"/>		
4.2. Referral for investigation/management?		
Details: <input type="text"/>		

** 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.

Part C, section 4: Reference is made via a footnote to the need for medical supervision of assessments for Category 3 workers who have found to medical conditions that may impact their fitness for duty.



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: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
Signature: <input type="text"/>	Signature: <input type="text"/>
Date of assessment: <input type="text"/>	Date of assessment: <input type="text"/>



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