Part B. Health Assessment Report – Authorised Health Professional to complete

This form is used for Pre-employment, Periodic and Change of Category Health Assessments Only.

Health Assessment Category / Type		Category 1		Cat		egory 2		Category 3	
		Pre-emplo		nent Pe		odic		Change of Category	
Assessment progress		Interim	Final			Expiry	Expiry Date:		
Worker / Applicant Details									
Family Name:	First N	lame:				Date of Birth:			
I have sighted workers Photo ID	RIW N	umber:				Appointment Date:			
ID Type & Number:	Transp	Transport Agency / Department (if applicable):							
I certify that the worker has been examined in accordance with the medical standards contained in the <i>National Standard</i> for Health Assessment of Rail Safety Workers and in my opinion the worker is: (tick one box only)									
Fit for Duty Unconditional				Fit for Duty-Conditional					
Meets all relevant medical criteria for rail safety work			Conditional on corrective lenses being worn						
			Conditional on hearing aid is being worn						
	Other condition – specify:								
Fit for Duty Subject to Review			Fit for Duty Subject to Job Modification						
Does not meet all medical criteria, but could perform current duties if reviewed more frequently								ria but could perform current ns were made.	
Triggered by AHP for specific medical condition(s)			> I recommend the following job modifications and timeframes						
Full medical assessment									
Local doctor report only									
Awaiting specialist reports/tests				As per WorkCover Certificate					
Permanently Unfit for Duty				Temporarily Unfit for Duty					
Does not meet the medical criteria for current duties and				Does not meet all medical criteria and cannot perform current duties. May perform alternative tasks. May return to full duty pending: improvement in condition; response to treatment;					
cannot perform these duties in the foreseeable future (>12 months)									
Recommendations for management and review:				confirmed diagnosis of undifferentiated illness. Recommendations for management and review:					
Drug and Alcohol Screening (if required)	Neg.	Pos.	Colour	Visio	n				
Drug Test	<u>_</u>				/ision N			Unfit for Colour Critical Work	
Alcohol breath Test	Ш		=			ve Safe A ve Safe B	Ш	Not Assessed	
Additional advice: Unfit for Cat 1 and Cat 2 work, but fit for Cat 3			Portability of Assessment Result - Worker to complete						
□ Unfit for Cat 1, 2 and 3 work, but fit to work outside the danger zone			I,						
☐ Has a condition which may have an effect on non-safety tasks.			rail transport operator as confirmation of fitness for duty						
□ Other			Signatur	e:				Date/	
Authorised Health Professional			Reviewi	ng Ph	ysiciar	1			
Name:				Name:					
Address:				:					
Signature: Date:/				Signature:Date:/					