

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

<b>Health Assessment Category</b>	<input type="checkbox"/> Category 1	<input type="checkbox"/> Category 2	<input type="checkbox"/> Category 3
<b>Assessment progress</b>	<input type="checkbox"/> Interim	<input type="checkbox"/> Final	Expiry Date:.....

Worker / Applicant Details		
<b>Family Name:</b>	<b>First Name:</b>	<b>Date of Birth:</b>
<input type="checkbox"/> I have sighted workers Photo ID ID Type & Number: .....	<b>RIW Number:</b>	<b>Date of last Periodic Health Assessment:</b>
		<b>Appointment Date:</b>
<b>Transport Agency / Department (if applicable):</b>		

**Please note that this assessment only provides information about the outcome of a Triggered Medical Assessment. The periodic medical assessment should still be undertaken at the scheduled time in accordance with the Standard.**

I certify that the worker has been examined in accordance with the medical standards contained in the *National Standard for Health Assessment of Rail Safety Workers* and in my opinion the worker is: (tick one box only)

<input type="checkbox"/> <b>Fit for Duty Unconditional</b> Meets all relevant medical criteria for rail safety work	<input type="checkbox"/> <b>Fit for Duty-Conditional</b> <input type="checkbox"/> Conditional on corrective lenses being worn <input type="checkbox"/> Conditional on hearing aid is being worn <input type="checkbox"/> Other condition – specify: .....
<input type="checkbox"/> <b>Fit for Duty Subject to Review</b> Does not meet all medical criteria, but could perform current is more frequently reviewed than prescribed under periodic review.  <input type="checkbox"/> Triggered by AHP for specific medical condition(s) <input type="checkbox"/> Full medical assessment <input type="checkbox"/> Local doctor report only <input type="checkbox"/> Awaiting specialist reports/tests	<input type="checkbox"/> <b>Fit for Duty Subject to Job Modification</b> Does not meet all medical criteria, but could perform current duties if suitable job modifications were made ➤ I recommend the following job modifications and timeframes: ..... .....  <input type="checkbox"/> As per WorkCover Certificate
<input type="checkbox"/> <b>Permanently Unfit for Duty</b> Does not meet the medical criteria for current duties and cannot perform these duties in the foreseeable future (>12 months). ➤ Recommendations for management and review: .....	<input type="checkbox"/> <b>Temporarily unfit for duty</b> 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; confirmed diagnosis of undifferentiated illness. ➤ Recommendations for management and review: .....
<b>Additional advice:</b> <input type="checkbox"/> Unfit for Cat 1 and Cat 2 work, but fit for Cat 3 <input type="checkbox"/> Unfit for Cat 1, 2 and 3 work, but fit to work outside the danger zone <input type="checkbox"/> Has a condition which may have an effect on non-safety tasks. <input type="checkbox"/> Other .....	<b>Portability of Assessment Result - Worker to complete</b> I, ..... Give permission for the self-assessment to be forwarded to another rail transport operator as confirmation of fitness for duty  Signature: ..... Date:...../...../.....
<b>Authorised Health Professional</b> Name: ..... Address: .....  Signature:..... Date:...../...../.....	<b>Reviewing Physician</b> Name: ..... Address: .....  Signature:..... Date:...../...../.....