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

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| --- | --- |
| **Health Assessment Category**  |  Category 1 Category 2 Category 3 |
| **Assessment progress** |  Interim Final | Expiry Date:................................. |
|  |
| **Worker / Applicant Details** |
| **Family Name:**  | **First Name:**  | **Date of Birth:**  |
|  **I have sighted workers Photo ID** **ID Type & Number:** …………………………. | **RIW Number:**  | **Date of last Periodic** **Health Assessment:**  |
| **Appointment Date:** |
| **Transport Agency / Department (if applicable):** |

***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 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)***

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| --- | --- |
|  **Fit for Duty Unconditional** Meets all relevant medical criteria for rail safety work |  **Fit for Duty-Conditional** Conditional on corrective lenses being worn Conditional on hearing aid is being worn Other condition – specify:  |
|  **Fit for Duty Subject to Review**Does not meet all medical criteria, but could perform current is more frequently reviewed than prescribed under periodic review. Triggered by AHP for specific medical condition(s) Full medical assessment Local doctor report only Awaiting specialist reports/tests  |  **Fit for Duty Subject to Job Modification**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:

   As per WorkCover Certificate |
| **Permanently Unfit for Duty**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:

  |  **Temporarily unfit for duty**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:

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| **Additional advice:**□ Unfit for Cat 1 and Cat 2 work, but fit for Cat 3□ Unfit for Cat 1, 2 and 3 work, but fit to work outside the danger zone□ Has a condition which may have an effect on non-safety tasks.□ Other …………………………………………..…………………………………………..……………………...........… | **Portability of Assessment Result - Worker to complete**I, Give permission for the self-assessment to be forwarded to another rail transport operator as confirmation of fitness for dutySignature: ……………………………………… Date……./……./……. |
| **Authorised Health Professional**Name: Address: Signature:……………………………….. Date:…../…../….. | **Reviewing Physician**Name: Address: Signature:……………………………….. Date:…../…../….. |