**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.***

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| --- | --- | --- | --- |
| **Health Assessment  Category / Type** | Category 1 Category 2 Category 3 | | |
| ` Pre-employment Periodic Change of Category | | |
| **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:** | **Appointment Date:** | |
| **Transport Agency / Department (if applicable):** | | |

**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)***

|  |  |
| --- | --- |
| **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 duties if reviewed more frequently  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: |
| **Drug and Alcohol Screening (if required) Neg. Pos.**  Drug Test  Alcohol breath Test | **Colour Vision**  Colour Vision Normal Unfit for Colour Critical Work  Colour Defective Safe A Not Assessed  Colour Defective Safe B |
| **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 duty  Signature: ……………………………………… Date……./……./……. |
| **Authorised Health Professional**  Name:  Address:  Signature:……………………………….. Date:…../…../….. | **Reviewing Physician**  Name:  Address:  Signature:……………………………….. Date:…../…../….. |