**Instructions to Contractor:**

1. The PCBU (Employer/Contractor) are required to insert their company logo in the marked position above.
2. Once completed, contractors are required to pass this health questionnaire and declaration over to their employee for completion as a part of the mobilisation/onboarding into the Martinus Rail Corridor Project.
3. All employees must complete and return the health questionnaire and declaration to your organisation, it must then be reviewed in full.
	1. **Health Management Plan** - *This document must be completed by your employee, who has been identified as having restrictions or medical conditions on their Rail Safety Worker Medical or where a new condition has been listed by your employee, since their last medical.*
	2. *Your organisation must review, complete a risk review, discuss the controls with their employee, and approve the Health Management Plan, prior to submission to Martinus.*
	3. **Martinus reserves** its right to have a new Rail Safety Worker Medical completed pending its review of either the Health Questionnaire or supplied Part-B Health Assessment Report material.
4. Your company must take appropriate steps to ensure that the employee has the ability to perform the inherent occupational requirements of the position and not to place the applicant at an increased risk of injury/illness/re-aggravation or reoccurrence of a pre-existing medical condition if carrying out the inherent occupational requirements of the proposed position.

|  |  |
| --- | --- |
| **Icon  Description automatically generated** | * For subcontractors employees it is not the responsibility of Martinus to determine the extent of the assessment required, instead organisations must consult with their employee and the Authorised Health Professional selected to manage your companies’ obligations.
 |

*Refer to*: National Standard for Health Assessment of Rail Safety Workers.

|  |  |
| --- | --- |
|  | * Martinus reserves its right to require any applicant for a position within the project to undergo a full pre-employment health assessment (medical examination) to determine if the applicant has any medical conditions that may impact on their ability to perform the inherent occupational requirements of the position, whilst engaged on the Rail Corridor Project.
 |

**\*\*\* End \*\*\***

**Instructions to Employee:**

Please answer the questions by ticking the appropriate box and providing details as requested. If you are not sure what a question means, leave the answer blank and your employer will help you. Your employer will ask you additional questions based on your feedback.

You may be required to supply supporting information from your treating specialist, family general practitioner clearance certificate or a medical health plan defining:

1. A list of current prescription, non-prescription and complementary medicines.
2. A Health Management Plan (e.g. sleep disorder management plan, diabetes management plan and other functional medical management plan).

On completion of the questionnaire and declaration, you will be asked to sign a declaration to confirm the accuracy of your responses relating to this document.

Once completed, please return this document and all related supporting documentation to your employer’s primary contact.

**\*\*\* End \*\*\***

**(TO BE COMPLETED BY EMPLOYEE)**

**Rail Health Assessment History:**

|  |  |  |
| --- | --- | --- |
| **Date of your last fitness assessment** | Date:  | **Not known** [ ]  |
| **Category of medical** | **Cat 1 and 2** | [ ]  | **Cat 3** | [ ]  |

**Worker Information:**

|  |  |
| --- | --- |
| Surname:  | Given name(s):  |
| Address:  |
| Date of birth:  | Phone:  |
| RIW Number:  | State of issue:  |

**Employer information:**

|  |
| --- |
| Employer:  |
| Contact name:  | Phone:  |

**Questions:**

|  |  |  |
| --- | --- | --- |
| **1.** | **Are you currently attending a health professional for any illness, injury, or disability?** | [ ]  No [ ]  Yes |
| **2.** | **Are you taking any prescription, non-prescription or complementary medicines?** | [ ]  No [ ]  Yes |
| If **YES** to **Question 1** please provide brief details:   | If **YES** to **Question 2** please provide brief details:   |

| **3.**  | **Do you suffer from or have you ever suffered from any of the following, since your last Rail Safety Worker Medical by an Authorised Health Professional:** |
| --- | --- |
| **3.1** | High blood pressure  | [ ]  No [ ]  Yes | **3.11** | Stroke | [ ]  No [ ]  Yes |
| **3.2** | Heart disease  | [ ]  No [ ]  Yes | **3.12** | Dizziness, vertigo, problems with balance | [ ]  No [ ]  Yes |
| **3.3** | Chest pain, angina  | [ ]  No [ ]  Yes | **3.13** | Memory loss or difficulty with attention or concentration | [ ]  No [ ]  Yes |
| **3.4** | Any condition requiring heart surgery  | [ ]  No [ ]  Yes | **3.14** | Other neurological or neurodevelopmental disorder  | [ ]  No [ ]  Yes |
| **3.5** | Palpitations / irregular heartbeat  | [ ]  No [ ]  Yes | **3.15** | Neck, back or limb disorders | [ ]  No [ ]  Yes |
| **3.6** | Abnormal shortness of breath | [ ]  No [ ]  Yes | **3.16** | Weight restrictions for operating equipment | [ ]  No [ ]  Yes |
| **3.7** | Diabetes | [ ]  No [ ]  Yes | **3.17** | Colour blindness | [ ]  No [ ]  Yes |
| **3.8** | Head injury, spinal injury | [ ]  No [ ]  Yes | **3.18** | Hearing loss or deafness or had an ear operation or use a hearing aid | [ ]  No [ ]  Yes |
| **3.9** | Seizures, fits, convulsions, epilepsy  | [ ]  No [ ]  Yes | **3.19** | A psychiatric illness or nervous disorder | [ ]  No [ ]  Yes |
| **3.10** | Blackouts or fainting | [ ]  No [ ]  Yes | **3.20** | Any condition requiring surgery  | [ ]  No [ ]  Yes |

|  |  |  |
| --- | --- | --- |
| **4.** | **Have you ever had any other serious injury, illness, disability, operation, or accident or been in hospital for any reason?**  | [ ]  No [ ]  Yes |
| Please describe:  |

|  |
| --- |
| **5. Sleep**  |
| **5.1** | **Have you ever been tested for a sleep disorder or been told by a doctor that you have a sleep disorder, sleep apnoea or narcolepsy?** | [ ]  No [ ]  Yes |
| Please describe:  |

|  |
| --- |
| **Other drugs** |
| **6.3** | **Do you currently use illicit drugs?** | [ ]  No [ ]  Yes |
| **6.4** | **Do you use any drugs or medications not prescribed for you by your doctor?** | [ ]  No [ ]  Yes |
| Please describe:  |
| **6.5** | **Have you tested positive for drugs or alcohol in the period since your last assessment?** | [ ]  No [ ]  Yes |

**DISCLAIMER:** *This Health Questionnaire does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Martinus for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.*

**Declaration – Accuracy and Completeness of Information Provided**

|  |
| --- |
| **Employee Declaration** |
| [ ]  | I certify that the information set out above is true and correct. |
| [ ]  | I understand that prior to starting work on the project I must complete all relevant Project HSE Inductions, undertake a medical and/or drug and alcohol screen, and provide all tickets, statement of attainments, competencies, and licenses required for my role. |
| [ ]  | I declare that my employer has explained the requirements of the position, I am to undertake, including the physical requirements of the position. |
| [ ]  | I consent to participate in the drug and alcohol testing requirements of the project. |
| [ ]  | I authorise my employer and/or any relevant medical examiner to release my personal information (including copies of all tickets, statement of attainments, competencies, and licenses required for my role) to Martinus Pty Ltd for the purposes of verifying my suitability for my role.  |
| [ ]  | I authorise Martinus Pty to release any personal information (including copies of all qualifications and competencies required by this form) it receives from myself, the employer and/or any relevant medical examiner to Inland Rail for the purposes of verifying my suitability for my role and approval to work on the Project. |
| [ ]  | I will adhere to all site and accommodation rules, policies, and procedures at all times, and accept that my actions or behaviours in breach of these rules, policies or procedures may result in my removal from the Project or employment. |
| [ ]  | I will adhere to all Health and Safety requirements of the project, and to certify that I meet the Fit for Duty requirements, which includes declaring any temporary or chronic pre-existing medical conditions or impairments. |
| **Name:** |   |
| **Company:** |   |
| **Role:** |   |
| **Signature:** |   |
| **Date:** |   |
|  |  |
| **Employer Declaration and Authorisation** |
| [ ]  | I am authorised to sign for and on behalf of my company listed below. |
| [ ]  | I have explained to the employee named in the above sections, the duties of the position to be performed on the Project, including the physical requirements of the position, and |
| [ ]  | I and any relevant medical practitioner engaged by my company is authorised to collect the employee’s personal information (including copies of all tickets, statement of attainments, competencies, and licenses information required by Martinus Pty Ltd) and to release such information to Martinus Pty Ltd for the purposes of verifying the employee’s suitability for the employee’s role. |
| **Name:** |   |
| **Company:** |   |
| **Role:** |   |
| **Signature:** |   |
| **Date:** |   |