

## Portability of a Health Assessment Report

1. Worker/Applicant Details	
<i>Family Name:</i>	<i>First Names:</i>
<i>Company: The Australian Narrow Gauge Railway Museum Society Inc</i>	
<i>Location: Margaret Street, Woodford, Qld, 4514</i>	
<i>Employee No: NA</i>	<i>Date of birth:</i>

2. Task and Category for ANGRMS (highest category required)
<i>Task: Driver On A Steam/Diesel Locomotive Hauled Tourist Train On ANGRMS' Railway Network</i>
<i>Category Required: 2</i>
<i>Risk Assessment: Attached</i>

3. Original Rail Organisation where Medical Assessment Performed	
<i>Company:</i>	
<i>Location:</i>	
<i>Task:</i>	
<i>Category:</i>	<i>Date of Assessment:</i>
<i>Risk Assessment Attached?</i>	<i>Is a copy of the Assessment Report Attached?</i>
Health Professional Details:	
<i>Name:</i>	
<i>Practice Address:</i>	
<i>Telephone:</i>	

4. Specific Health Attributes of both organisations		
ANGRMS		Equal or Greater
<i>Colour vision normal</i>		
<i>Hearing (driver) normal</i>		
<i>Good physical and psychological health to maintain vigilance</i>		

5. General Questions	
<i>Has the rail safety worker consented to the supply of this information?</i>	
<i>Is the level of health assessment performed by the original rail organisation equal to or greater than that required for the tasks performed by the rail safety worker?</i>	
<i>Has the rail safety worker's health changed since the medical was performed?</i>	

6. Approval of Portability			
<i>Portability Approval:</i>	<i>Approved</i>		<i>Requires further medical examination</i>
<i>Approved by:</i>	<i>Name:</i>	<i>Signature:</i>	<i>Date:</i>