

Document Control Record

1. Document Details:

Name: PORTABILITY HEALTH ASSESSMENT FORM
Number: STM6021
Version Number: 1.1

Document Status: Working Draft
 Approved for Issue
 Archived

Next Scheduled Review Date: _____

2. Version History:

| Version Number | Date | Reason/Comments |
|----------------|------------|------------------------------------|
| 1.0 | 22/08/2007 | Initial draft |
| 1.1 | 27/10/2008 | Removed the address from the form. |
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Approved by _____ **Signature & Date** _____

3. Distribution List

| Position | Date | Copy Issued (Yes/No) | Copy No. | Received |
|---------------------|------|----------------------|----------|----------|
| Rail Safety Manager | | Y | 1 | |
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Portability of Health Assessment Form

1. Member/Worker/Applicant Details

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|--------------|----------------|
| Family Name: | First Names: |
| Member No: | Date of birth: |

2. Task and Category for STM (highest category required)

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|--------------------|
| Task: |
| Category Required: |
| Risk Assessment: |

3. Original Rail Organisation where Medical Assessment Performed

| | | | |
|------------------------------------|--|---|--|
| Museum/Company: | | | |
| Location: | | | |
| Task: | | | |
| Category Type (1 to 4): | | Date of Assessment: | |
| Risk Assessment Attached (yes/no)? | | Is a copy of the Assessment Report Attached (yes/no)? | |
| Health Professional Details: | | | |
| Name: | | | |
| Practice Address: | | | |
| Telephone: | | | |

4. General

| | |
|--|--|
| Has the rail safety worker consented to the supply of this information (yes/no)? | |
| 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 (yes/no)? | |

5. Specific Health Attributes (see STM6016)

| Sydney Tramway Museum | Original Rail Organisation | Attributes for Original Rail Organisation equal to or greater than STM attributes (yes/no)? |
|-----------------------|----------------------------|---|
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6. Approval of Portability

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|-----------------------|-------------------|--|---|-------|
| Portability Approval: | Approved (Yes/No) | | Requires further medical examination (Yes/No) | |
| Approved by: | Name: | | Signature: | Date: |