HERITAGE RAILWAY ASSOCIATION

GUIDANCE NOTE

FITNESS ASSESSMENT
for Safety Critical Workers

Purpose
This document describes good practice in relation to its subject to be carried out by Heritage Railways, Tramways and similar bodies to whom this document applies.

Endorsment
This document has been developed with and fully endorsed by Her Majesty’s Railway Inspectorate, a directorate of the Office of Rail Regulation.

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Supply
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1. Introduction

This Guidance has been provided to assist the management of heritage railways and tramways in meeting the requirements for Medical Fitness in their Safety Management Systems under the Railways and Other Guided Transport Systems (Safety) Regulations 2006: SI 2006 / 0599 (ROGS).

Managements will be aware that they have a “Duty of Care” to passengers, contractors, other visitors, staff and volunteers under the Health and Safety at Work etc Act, 1974. It is therefore important that they relate and interpret this part of the Regulations relative to the safe operation of their railway or tramway.

The term ‘man’ or ‘men’ in this Guidance note should be read as applying equally to men and women and ‘he’ and ‘him’ should be similarly interpreted.

The term ‘staff’ in this Guidance note should be taken to include unpaid volunteer workers as well as paid staff.

2. Recommendations

This guidance note is issued as recommendations to management with regard to the health of those who have staff performing Safety Critical Work. In this respect it is important to bear in mind that the consequences of a failure of health will be no less for a volunteer than for a paid employee.

Many railways and tramways are already operating a system of medical fitness assessments, which, in some cases, are to a higher standard than those set out in this guidance note. This highlights the fact that it is the responsibility of management, having undertaken the necessary risk assessments, to implement a level of medical examinations and assessments for staff which they feel are applicable and necessary relative to the operating conditions on their railway or tramway.

Where railways and tramways decide to take actions that are not in agreement with these recommendations, following appropriate risk assessments or for other reasons, it is recommended that those decisions are reviewed by the senior management body of the organisation and a formal minute is recorded of both the reasons for and the decision reached.

3. Fitness for Safety Critical Work

An extract from Part 4 – Safety Critical Work from ROGS is given in Appendix A.

“Fitness” means physical and mental fitness.

This Guidance is not concerned with all aspects of fitness but majors on medical fitness.

The definition of Safety Critical Work is based upon ‘tasks undertaken’ rather than ‘roles of staff’.

It should be noted that before a person can properly be said to be ‘Fit for a Safety Critical Task’, he needs to satisfy the appropriate Medical Assessment requirements as well as appropriate Stamina and Fatigue requirements.

4. Medical Officers

Every railway and tramway should appoint a Medical Officer who meets the following criteria:

a) A medically-qualified Medical Officer should be a fully qualified medical practitioner registered with the General Medical Council and who holds a Licence to Practise.

b) He should have current or recent experience in a branch of medicine in which examinations of all body systems are regularly carried out on adults.

c) The Medical Officer should be familiar with the principles of occupational health and keep this knowledge up to date. He should have an understanding of how safe working practices could be adversely affected by medical conditions.

d) The Medical Officer must be familiar with the working environment of the staff being examined and assessed. This should normally be ensured by arrangements to accompany a person in each relevant task during a sufficient part of a working shift to include all tasks regularly or frequently performed. Re-familiarisation should be undertaken at least every five years and as soon as
practicable after any major change in working practices. It is the responsibility of management to ensure that the Medical Officer is advised of such a change.

A recommended outline agreement between the railway or tramway and the Medical Officer or Nurse Advisor is given in Appendix B.

The same Medical Officer (MO) may be appointed to act for more than one railway or tramway. However in these cases the MO concerned must be familiar with the working environment of the staff being assessed at each railway or tramway concerned.

5. Nurse Advisors

The day-to-day work of medical assessment may be carried out by a Nurse Advisor to a degree agreed by the Medical Officer provided that he meets the following criteria:

a) The Nurse Advisor must be a qualified Nurse or Nurse Practitioner who is fully registered with the Nursing and Midwifery Council.

b) Experience of occupational health or practice nursing is desirable but not essential. The Nurse Advisor should have current or recent experience of undertaking routine health assessments for fitness to undertake safety critical work, or similar. He should be confident to make decisions based on medical information regarding fitness for the proposed post.

c) The Nurse Advisor should have an understanding of how safe working practices could be adversely affected by medical conditions or disabilities. He should be able to advise management of limitations caused by the medical condition or disability for their consideration.

d) The Nurse Advisor must be familiar with the working environment of the staff being examined and assessed. This should normally be ensured by arrangements to accompany a person for a sufficient part of a working shift to include all Safety Critical tasks regularly or frequently performed.

e) Re-familiarisation should be undertaken at least every five years and as soon as practicable after any major change in working practices. It is the responsibility of management to ensure that the Nurse Advisor is advised of such a change.

f) The Nurse Advisor should have direct access to the appointed MO.

6. Process for all Safety Critical Workers

All persons intended to engage in Safety Critical Work should be required to have completed a Medical Questionnaire Form (see Appendix C) before commencing any Safety Critical Task.

This form should include a clause stating that management at their discretion will have the right to require any individual to attend for a medical examination.

The completed form should be sent directly to the Medical Officer or Nurse Advisor (MONA).

a) A medical examination is recommended for certain staff, as described in Section 7.

b) The MONA must then advise management that such member of staff is, or is not, in his opinion medically fit to perform one or more Safety Critical Tasks intended to be undertaken by him or whether a medical examination is required.

c) If the MONA concludes that the person concerned is medically fit, the MONA will then issue a certificate to that effect to the management. A copy will also be issued to the person concerned. A recommended form for this purpose is given in Appendix D.

d) Where the MONA identifies restrictions that should be applied, such as the wearing of spectacles, the person being assessed must sign that he agrees to those restrictions being disclosed to management (see Appendix D). Should the person not sign his agreement then a certificate should not be issued.

e) It is the duty of management to determine whether such persons have the required speed and clarity of communication under operational conditions that are appropriate for the tasks to be undertaken.
Should a member of staff be absent from duty for health reasons for a prolonged period of time, such as six months, or has undergone surgery or had a long period of serious illness, a fresh form should be completed and an assessment made by the MONA before the member of staff undertakes further Safety Critical Tasks.

All Safety Critical Staff should be required to complete a new form every ten years up to the age of 50 then at ages 55, 60, 64, 66, 68 and annually thereafter. Additional assessments at shorter intervals may be required at the discretion of the MONA.

Whilst there is no overall upper age limit for staff engaged upon Safety Critical tasks, it is the duty of management to ensure that such staff are regularly assessed for fitness and competence, due regard being had to the possible decline in physical strength and mental alertness.

7. Safety Critical Workers requiring a Medical Examination

A medical examination is specifically recommended for all persons undertaking the following Safety Critical Task:

- driving, this task is primarily undertaken by persons whose roles include drivers, firemen / secondmen and tram conductors.

It is the duty of the management to risk assess all other safety critical tasks to determine if a medical examination is necessary. The involvement of the MONA may be of assistance for these risk assessments. The result of the risk assessments and the decisions reached should be documented as well as being reviewed by the senior management body of the organisation and a formal minute recorded of both the rationale for and the decision reached.

Examination should be every ten years up to the age of 50 then at ages 55, 60, 64, 66, 68 and annually thereafter. Additional examinations at shorter intervals may be required at the discretion of the MONA.

8. Content of Medical Examinations

In so far as medical examinations and assessments are concerned there are no specific standards laid down by law for the Heritage Sector; nor is there currently any requirement for any system to be approved.

The HRA therefore recommends that the contents of Appendix E are used as a basis for such examinations and assessments.

9. Certificates of Medical Fitness from other Operators

Management may, at their discretion, accept suitable certificates of medical fitness from other operators. Care should be taken to ensure that:

- a) the certificate is for a similar or more arduous and demanding task, and;

- b) the associated medical standards are similar to those which apply to the specific railway or tramway.

Management should consult with their MONA to resolve any cases of doubt.

It is recommended that such decisions are reviewed by the senior management body of the organisation and a formal minute is recorded of both the decision and the reasons for reaching the decision.

10. Practical Test of Colour Vision

In the event of an abnormal result on Ishihara test, a practical test of colour vision may be considered by management who, if they so decide, will then administer the test.

It is recommended that for train crew this should consist of:

- a) testing with red, green and if appropriate yellow flags at a train’s length against a typical background, if possible in poor light and along a crowded platform; and

- b) testing with coloured lamps in darkness, at a train’s length, with a cluttered background if possible.

Guards and signalmen should additionally be tested for ability to select without hesitation the correct colour of flag in a gloomy corner of a guard’s van or signalbox and the correct setting on a lamp. Flags and lamps should be realistically soiled by use and not in pristine condition.
In each test twenty random colours should be shown or requested and 100% accuracy should be demonstrated.

11. Cognitive Capacity
Assessment of cognitive capacity as part of the routine medical examination is necessary only when indicated by scrutiny of the questionnaire or as apparent from responses to questions during routine medical examination. Concerns regarding cognitive capacity will usually emerge as a result of observed reduction of performance and should be drawn to the attention of the individual by management. The individual should be suspended from safety-critical duties and arrangements made for assessment by the MONA, who would normally refer him to his General Practitioner with a request for a fuller assessment and report. In some circumstances it may be appropriate to consider a supervised return to work but safety concerns will usually mandate continuing suspension.

12. Stamina and Fatigue
Excessive fatigue and lack of stamina may compromise fitness to carry out Safety Critical Tasks. They may result simply from ageing or lack of exercise but may also be due to any of a large number of medical conditions, many of which are amenable to treatment. Both in the interests of the individual’s health and well-being and in order to maintain safe and effective operations, issues of stamina and fatigue must be properly assessed which will normally require further medical and managerial assessment.

A gradual diminution in stamina and an increase in tendency to fatigue are normal accompaniments of ageing and will be accentuated by lack of physical activity. Both stamina and liability to suffer from fatigue usually vary from day to day. However, both may compromise the ability to carry out Safety Critical Tasks, and though they cannot be reliably assessed in a medical examination they must be considered during assessment of fitness for safety-critical duties.

A medical questionnaire and examination may reveal a condition which could adversely affect stamina or give rise to unusual fatigue. If severe this would require the MONA to decline to issue a certificate of fitness. In less severe cases it may be appropriate to issue a certificate of fitness with a note drawing the attention of management to the potential problem.

Detailed advice for management on how to handle the fatigue issue is given in the HRA Guideline entitled “Safety Critical Work”.

13. Records
As the information contained in medical records is of a personal and confidential nature, it is important that all such records are kept secure; ideally on-site by the MONA.

It is important that all medical records, including Medical Questionnaire Forms, are retained after the subject has finished active work in the particular task. A period of two-years is considered as appropriate in view of the nature of these records and the unlikelihood of them containing any information concerning the possible long-term effects that could be associated with a particular occupation.

14. Reference Documents
Documents from Rail Safety & Standards Board which can be accessed from website: www.rssb.co.uk:

- Good practice Guide on Rail Workers and Diabetes – General Guidance, RS/505
- Good Practice Guide on Rail Workers and Diabetes – Guidance for Medical Assessors, RS/506
- Recommendations for Train Movement – Staff Suitability and Fitness Requirements, GO/RC3561

Some of the above listed documents may have been withdrawn from the National System; however they are available from the ‘Withdrawn’ section of the same website.


end of main document
APPENDIX A – EXTRACTS FROM ROGS, SI 2006 / 0599, PART 4 - SAFETY CRITICAL WORK

INTERPRETATION AND APPLICATION OF PART 4

23.—(1) In this Part—

“assessor” means any person who is competent to make an impartial and objective assessment of another person’s competence or fitness to carry out safety critical work, and related expressions shall be construed accordingly;

“controller of safety critical work” means any person controlling the carrying out of safety critical work on a transport system or in relation to a vehicle used on a transport system;

“fitness” means physical and mental fitness, and related expressions shall be construed accordingly;

“installation” includes the installation, examination or testing of components;

“maintenance” includes repair work, reconditioning, examination, testing or alteration;

“operator” means any person carrying on an undertaking which includes a transport system or any part of it or the provision of transport services on such a system;

“safety critical task” means—

(a) in relation to a vehicle used on a transport system—

(i) driving, dispatching or any other activity which is capable of controlling or affecting the movement of that vehicle;

(ii) signalling, and signalling operations, the operation of level crossing equipment, receiving and relaying of communications or any other activity which is capable of controlling or affecting the movement of that vehicle;

(iii) coupling or uncoupling;

(iv) installation of components, other than where the installation of those components is subject to supervision and checking by a safety critical worker or a controller of safety critical work;

(v) maintenance, other than where the carrying out of that maintenance is subject to supervision and checking by a safety critical worker or a controller of safety critical work; or

(vi) checking that that vehicle is working properly and, where carrying goods, is correctly loaded before being used;

(b) in relation to a transport system—

(i) installation or maintenance of any part of it or of the telecommunications system relating to it or used in connection with it, or of the means of supplying electricity directly to that transport system or to any vehicles using it or to the telecommunications system other than where the carrying out of that task is subject to supervision and checking by a safety critical worker or a controller of safety critical work;

(ii) controlling the supply of electricity directly to it or to any vehicles used on it;

(iii) receiving and relaying of communications; or

(iv) any person ensuring the safety of any persons working on or near to the track, whether or not the persons working on or near to the track are carrying out safety critical work;

(c) in relation to training, any practical training or the supervision of any such training in any of the tasks set out in sub-paragraphs (a) to (b), which could significantly affect the health or safety of persons on a transport system;

“safety critical work” means any safety critical task carried out by any person in the course of their work or voluntary work or in relation to a transport system and related expressions shall be construed accordingly; and
Competence and fitness

24.—(1) Every controller of safety critical work shall, so far as is reasonably practicable, ensure that a person under his management, supervision or control, with the exception of where that person is receiving practical training in a safety critical task, only carries out safety critical work where—

(a) that person has been assessed as being competent and fit to carry out that work following an assessment by an assessor;

(b) there is an accurate and up to date record in writing of that person’s competence and fitness which references any criteria for determining competence and fitness against which that assessment of competence was made;

(c) the record, or an accurate summary of the record referred to in sub-paragraph (b) is available for inspection, on reasonable request, by any other controller of safety critical work or any operator who may be affected by any safety critical work carried out or to be carried out by that person, for the purposes of establishing that person’s competence and fitness to carry out safety critical work; and

(d) there are in place arrangements for monitoring the competence and fitness of that person.

(2) Every controller of safety critical work shall without unreasonable delay review any person’s competence or fitness assessment where—

(a) they have reason to doubt the competence or fitness of a person to carry out that safety critical work; or

(b) there has been a significant change in the matters to which the assessment relates, and where, as a result of any such review a reassessment of competence or fitness is required, that reassessment of competence or fitness shall be carried out to ensure that the requirements of paragraph (1) are met.

(3) Where a reassessment of competence or fitness under paragraph (2) is required, the controller of safety critical work shall, so far as is reasonably practicable ensure that, as a result, the health and safety of persons on a transport system is not prejudiced.

Fatigue

25.—(1) Every controller of safety critical work shall have in place arrangements to ensure, so far as is reasonably practicable, that a safety critical worker under his management, supervision or control does not carry out safety critical work in circumstances where he is so fatigued or where he would be liable to become so fatigued that his health or safety or the health or safety of other persons on a transport system could be significantly affected.

(2) The arrangements in paragraph (1) shall be reviewed by the controller of safety critical work where he has reason to doubt the effectiveness of those arrangements.
Appendix B - Agreement between Heritage Railway or Tramway and Medical Officer or Nurse Advisor

1) The Medical Officer or Nurse Advisor (MONA) agrees to provide medical advice to the [Railway] [Tramway] (Company) regarding the suitability of staff (including volunteers) to carry out safety-critical duties on the Company Railway or Tramway. He will maintain full registration with the General Medical Council with a Licence to Practise, (or registration with the Nursing and Midwifery Council as appropriate) and Medical Indemnity and maintain appropriate clinical skills throughout the duration of this Agreement.

2) The MONA undertakes to ensure that he is familiar with the principles of Occupational Health either by formal training or by noting the contents of appropriate literature.

3) The Company undertakes to contract with a provider of Occupational Health services to provide advice in situations requiring specialist expertise not possessed by the MONA.

4) The MONA will ensure that he is familiar with the working environment on the Railway or Tramway for each category of operating and safety-critical staff. The Company will provide opportunities for him to gain such familiarity and to refresh it at intervals not exceeding five years and as soon as practicable after any significant change in working practices.

5) Either:
   a) the Company will provide suitable accommodation in which the MONA can carry out medical assessments; or
   b) the MONA will arrange suitable accommodation in which to carry out medical assessments.

6) In order to maintain confidentiality of medical records of its staff employed on Safety Critical Work; either:
   a) the Company will provide safe and secure storage for the medical records, access to which is available only to the MONA; or
   b) the MONA will be responsible for the safe and secure storage of medical records.

7) The Company will provide details to the MONA of staff requiring examination from time to time (and will arrange appointments at times agreed with him). The Company may also seek advice, which the MONA will provide as soon as practicable, regarding members of staff following adverse incidents.

8) It is the responsibility of the MONA to ensure that equipment and consumables are available for all assessments and examinations; any expenses being reimbursed by the Company.

9) After each assessment/examination the MONA will advise the Company whether the individual concerned is fit to undertake safety-critical duties and of any restriction which should be applied. He will also advise the maximum period for which such advice will apply. After the individual’s recovery from significant illness or injury the MONA will advise on request whether any re-assessment is advisable before the individual should return to safety-critical duties. Additional medical information will only be released to the Company with the informed written consent of the individual concerned.

10) In the event that the MONA considers it necessary to seek further information from another medical practitioner, eg the individual’s General Practitioner or specialist, or another health professional, the Company will pay or reimburse any reasonable fees; subject to prior approval.

11) Assessments carried out by the MONA are intended only to determine the presence or absence of any medical condition likely to impair the individual’s fitness for safety-critical duties, and are not designed to detect the effects of toxic or hazardous substances to which the individual may be exposed during the course of those duties. Specialist Occupational Health advice must be sought by the MONA in the event of suspected exposure to such substances. The MONA will not provide services normally provided by other health professionals such as General Practitioners except in emergency.

12) This agreement may be terminated by either party giving three months written notice to the other party.

JOB HOLDER: Signature:______________ Print Name:______________

MANAGER: Title __________ Signature:______________ Print Name:______________
Date _________________

Copy to Medical Officer or Nurse Advisor, the Manager and the Company’s file.
Appendix C: Medical Questionnaire for all Safety Critical Staff

The term ‘Safety Critical Staff’ covers all those performing any safety critical task so defined in ROGS.

CONFIDENTIAL - Only for use of the Company Medical Officer or Nurse Advisor.

This questionnaire is designed to assess any potential hazards which could arise as a result of your working on the Railway or Tramway with any adverse medical condition. It should be returned to the Medical Officer / Nurse Advisor who will advise Management of any potential problems either for the safe operation of the Railway or Tramway or your own health, so that measures can be taken to minimise any risk. In some cases the Medical Officer / Nurse Advisor may need to carry out a medical examination before making a decision.

Personal Details Including Position Held or Applied For

Do you have, or have you ever had, any of the following:

1. Fits, faints, blackouts, vertigo, dizziness, recurrent headaches or any disease of the nervous system?
2. Chest or lung disorder including asthma, recurrent or chronic bronchitis?
3. Raised blood pressure, angina or other heart disease?
4. Diabetes?
5. Disease of stomach, bowel, liver or abdomen lasting more than 1 month, including hernia?
6. Kidney or bladder disorder?
7. Skin disease lasting more than 1 month?
8. Adverse condition of throat, ears or eyes lasting more than 1 month?
9. Injury causing more than 2 weeks off work or leaving continuing symptoms?
10. Back problems lasting more than 1 month?
11. Problems with joints, tendons or muscles lasting more than 1 month, including arthritis, gout or rheumatism?
12. Any condition restricting your ability to walk on uneven ground or to climb stairs?
13. Mental illness lasting more than 1 month, including depression, anxiety or severe stress?
14. Problems related to alcohol or drug use?
15. Sleep disorder including sleep apnoea or narcolepsy?
16. Any surgical operation?
17. Problems with vision:
   a. Do you wear spectacles or contact lenses (please give date of last eye test)?
   b. Have you undergone corrective eye surgery?
   c. Is there any abnormality of your colour vision?
18. Impairment of hearing? Do you wear a hearing aid?
19. Other illness or condition lasting more than 1 month not included above?

Other issues:

20. Do you smoke? If so please state daily quantity.
21. Please state your average intake of alcoholic drink per week, stating type and quantity.
22. Please list (or attach a list) all medication you are taking or using whether prescribed or bought. This must include injections, tablets, capsules, liquid medicines, inhalers, eye drops, ear drops and any other prescribed medication. Include dose or strength and how often taken or used.

Name and address of your General Practitioner, who will not be contacted without your consent.

___________________________________________

If the answer to any question is “YES” please provide details below or on a separate sheet. For past conditions please give approximate dates and for present conditions please state the approximate date when they first appeared.

DECLARATION

I declare that the answers I have given above are truthful, to the best of my knowledge and belief. I agree to provide further information to the Medical Officer / Nurse Advisor if requested and to undergo a medical examination if requested. I agree to notify Management or the Medical Officer / Nurse Advisor if a significant change in my health occurs or I am advised to start or change medication. I agree to information being given by the Medical Officer or Nurse Advisor to Management regarding my suitability for safety critical work and any restrictions thereon but understand that medical information will remain confidential to the Medical Officer or Nurse Advisor unless required by law to be released or unless I have agreed to disclosure.

FULL NAME, SIGNATURE & DATE

___________________________________________ end of appendix _________________________________________
Certificate of Medical Fitness

AFTER EXAMINATION #

who has applied to undertake the following Safety Critical Tasks

has completed a medical questionnaire (and undergone a medical examination #) and in my opinion may be regarded as medically fit for the safety critical duties listed above until

subject to the following restrictions:

1) ______________________________________________________
2) ______________________________________________________
3) ______________________________________________________
4) ______________________________________________________
5) ______________________________________________________

DATE OF QUESTIONNAIRE / EXAMINATION #   ________________
# delete 'examination' and any accompanying words as appropriate

Name & Signature of Medical Officer / Nurse Advisor:               Date

I agree that the restrictions listed above should be made available to the management of the [railway] [Tramway]

Name & Signature of Person Being Assessed:          Date

end of appendix
Appendix E: Recommended minimum content of Medical Examination

General Medical Requirement

Staff (including volunteers) subject to this examination must not be suffering from any medical condition or be taking any medication, drugs or substances which are likely to cause—
(a) a sudden loss of consciousness,
(b) a reduction in attention or concentration,
(c) sudden incapacity,
(d) a loss of balance or coordination,
(e) a significant limitation of mobility,
(f) impairment of vision, unless correctable by lenses,
(g) impairment of ability to communicate.

Scope of Medical Examination

GENERAL OBSERVATION

Body habitus,
Skin eg anaemia, cyanosis, jaundice, skin disease,
Gait.

SENSORY

Visual acuity at a distance of at least 3 metres using Snellen or similar charts, each eye separately, with and without spectacles/contact lenses. Minimum standard with correction: 6/9 in better eye, 6/12 in worse eye.

Visual acuity for reading, both eyes together, with correction if required. Minimum standard N6.

Colour vision, by Ishihara tests. This applies to railway related tasks only. (Abnormal result normally disqualifies but see Note below.)

Visual fields: no restriction when tested by confrontation

Hearing: whispered voice test and responses during conversation at normal levels

Note: in the event of an abnormal result on Ishihara test, a practical test of colour vision may be considered by management, who will then administer the test, see section 10 of the main document for details.

NERVOUS SYSTEM

Romberg test,
Simple test of coordination eg rapid hand-clapping.
CARDIOVASCULAR SYSTEM
Pulse rate and rhythm,
Blood pressure (recommended maximum 180/100 as for LGV/PCV),
Heart sounds,
Lower limb pulses and circulation,
Skin changes associated with varicose veins.

RESPIRATORY SYSTEM
Breathlessness,
Chest expansion.

URINE
Examination for protein and glucose.

MUSCULOSKELETAL
Gait (by simple observation)
Upper and lower limb mobility including straight leg raising (suggested minimum 80°),
Spinal mobility, especially neck rotation (suggested minimum 40° each way).

MENTAL
Mood (by observation),
Level of anxiety,
Evidence of abnormal thought processes or impaired cognition.

FURTHER ASSESSMENT
Depending on any disclosed history or abnormal findings.

Conclusion
The detection of an abnormality on examination will not necessarily disqualify the person from safety critical work but when making a recommendation the MONA must consider both its effect on the ability to carry out such work satisfactorily and any detrimental effect on the person’s health which might be caused by such work on the [Railway] [Tramway].

end of appendix