



## TfL, LUL and Infraco Employee's only Safety on the track re-certification (TSW024)

London Underground Ltd

REFRESHER TRAINING FOR TRACK RE-CERTIFICATION

Name \_\_\_\_\_

Location \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Employing Company \_\_\_\_\_ Staff Number \_\_\_\_\_

Present certification level: Track Accustomed ☐ Track competent ☐ Protection Master ☐ (Please tick)

### MEDICAL FITNESS - SELF-ASSESSMENT QUESTIONNAIRE

Your own safety and the safety of others is your responsibility

Please study the following questions. Tick a YES or NO answer in the box provided.

**If you answer any question with a YES then discuss with your employing manager who may wish to discuss the problem with the company medical adviser.**

Please tick the appropriate box ☒ or ☒

YES NO

1. Have you ever had blackouts or dizziness, or do you suffer from epilepsy? ☐ ☐
2. Do you get chest pain or breathlessness, or have difficulty climbing a single flight of stairs? ☐ ☐
3. Do you have difficulty moving rapidly over a short distance (10 m)? ☐ ☐
4. Do you have problems looking over either shoulder? ☐ ☐
5. Are you receiving any treatment or undergoing any investigations for a medical problem (that your manager has not been advised of)? ☐ ☐
6. Are you taking any medication or injections for any reason (that your manager has not been advised of)? ☐ ☐
7. Vision - Do you suffer from any disturbance of normal vision? ☐ ☐

**If you wear corrective lenses, do you rely on these to undertake your work ?** ☐ ☐

**When was the date of your last eye test ?** \_\_\_\_\_

8. Hearing - Do you suffer from any problems hearing conversation in a normal circumstances? ☐ ☐
9. Do you suffer from any disability or medical condition that could affect your ability to work safely on the track at any location required during your employment? ☐ ☐
10. Have any restrictions been placed on your employment by your company's medical Advisor or London Underground Occupational Health? **(If so, please give details on the back of this form).** ☐ ☐

#### Refresher Training Medical Assessment Arrangements

TfL/LUL/Infraco staff who reach ages 20, 25, 35 will complete confidential medical assessment questionnaires (which is different from this questionnaire) screened by LUOH or approved Occupational Health provider and undergo medical examination on reaching ages 30, 40, 45, 50 55, 60 and 63 and annually after 65 years.

Contractors/Suppliers require medical re-examination at 5-yearly intervals through to age 60, at age 63, and annually over 65 years. Medical examination is required by all staff moving from Track accustomed to a higher level of Track certification.

#### Declaration by Trainee:

To the best of my knowledge, I am medically fit to be re-certificated to perform my duties.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Approximate date of last medical assessment for track training \_\_\_\_\_

#### Declaration by Manager:

I have reviewed this form in conjunction with this person's staff file and have confirmed the date of their last medical for Track Certification. To the best of my knowledge, they are medically fit to undertake training for re-certification.

Signed authorised Manager \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Location \_\_\_\_\_ Position \_\_\_\_\_

This form is valid for three months from the date it is signed by the delegate. If training has not taken place within the timescale then a new form MUST be completed. This form must be kept with the other records relating to Track Training for this member of your staff. It will be required for audit purposes.



## **SAFETY ON THE TRACK RE-CERTIFICATION**

**Please list any restrictions below:**

**Note:**

**This form can be used for:**

- a. Refresher training (renewing present level of certification)**
- b. In conjunction with medical assessment forms (when the time limit for training has expired).**

Under these circumstances all trainees must obtain a medical assessment form and attend a medical examination with LUOH or approved Occupational Health provider