



OFFICE USE ONLY:

LEVEL 3 MEDICAL ASSESSMENT FOR PTS CERTIFICATION

Applicant Name:	ATTACH PASSPORT PHOTOGRAPH	
Maiden Name(If married):	BOTH APPLICANT	
Date of Birth:	AND EXAMINING DOCTOR TO SIGN BACK OF	
Place of Birth:	PHOTOGRAPH	
Home Address:		
Telephone Number:		
Family Doctor Name:		
Address:		

DECLARATION:	To be signed by both the applicant and examining Medical Doctor.			
I have examined the applicant whose signed photograph is attached above and whose signature is appended below, to the medical standards set out by the Chief Medical Officer Iarnród Éireann and finds him/her medically				
Please circle response	2			
FIT	UNFIT	To hold a Level 3 Personal Track Safety Certificate		
Signature Examining Medical Doctor:				
Signature of Applicant:			PRACTICE STAMP	
Date:				

VISUAL ACUITY*

*Recorded as a

Distance vision at least 6/12 in the better eye and 6/36 in the other eye and 6/12 in both eyes with spectacles or contact lenses if worn. If a person is dependent on contact lenses to meet these requirements spectacles of an equivalent prescription should be carried when on or near the line. No pathological condition of the eyes likely to cause visual impairment should be present.

MEETS THE REQUIRED STANDARD Please circle response

	'Snellen Fraction'	carried when on or near the line. No pathological condition of the eyes likely to cause visual impairment should be present.		Plea	se circle response
-	Right Eye:	without glasses/ contact lenses	glasses/ contact lenses	YES	NO
	Left Eye:	without glasses/ contact lenses	glasses/ contact lenses	YES	NO
	Both Eyes:	glasses/ contact lenses	glasses/ contact lenses	YES	NO

HEARING**	An assessment of the candidate's hearing is essential. Be aware that the candidate's hearing has to be sufficient to hear verbal/telephone communication in a noisy environment and also to hear auditory alarms.	MEETS THE REQUIRED STANDARD Please circle response	
**If hearing is normal go to 'General Health Section'	Clinical assessment is adequate but Audiometry should be carried out if it is considered that the candidate's hearing is likely to cause him/her difficulties.	NORMAL	ABNORMAL
IF HEARING IS ABNORMAL: If an Audiogram is required please circle the appropriate box on the medical examination form. The Occupational Health Unit of CIÉ will provide this test. The following is the Audiometric Standard for Level 3: • Hearing loss must not be higher than 40 decibels at 0.5, 1 and 2 Kilohertz in either ear. • The hearing loss must not be higher than 45 decibels at 3 kilohertz for the ear with the worst air conduction of sound. • No anomaly of the vestibular system must be present. • No chronic speech disorder must be present. • Candidates are not permitted to use hearing aids in order to reach the standard but may use hearing aids to improve their hearing			

•	 No pathological condition likely to cause unpredictable fluctuation in the hearing levels should be present. 			
Please circle re				se circle response

AUDIOGRAM	Required	YES	NO
AUDIOGRAM	Meets standard 'Attach audiogram'	YES	NO

GENERAL HEALTH	NL HEALTH Persons should not be permitted to go on or near the line if they are suffering from medical conditions or taking any medical treatment or medication likely to cause: Please circle response		
Sudden loss of Consciou	isness	YES	NO
Impairment of awareness or concentration		YES	NO
Sudden incapacity		YES	NO
Visual impairment of a temporary or transient nature		YES	NO
Impairment of balance or co-ordination		YES	NO
Significant limitation of mobility		YES	NO