

# IÉ CONTRACTOR PTS HEALTH ASSESSMENT REPORT

On completion this form must be returned to the attendee or their employer who should then submit the form in application for training to the IÉ Contractor PTS Department.

If the applicant is not resident in Ireland, the completed form must also be emailed to [medicalenquiries@irishrail.ie](mailto:medicalenquiries@irishrail.ie)

<b>PART A Applicants Details</b>	
Name:	Date of Birth:
Name of Sponsoring / Employing Company:	
<b>Portability of Health Assessment Results</b> – Named Applicant to complete	
I give permission for this health assessment report to be forwarded to Iarnród Éireann as confirmation of fitness / not currently fit to hold IE Contractor PTS Certification.	
<b>Signature of Applicant:</b>	

<b>PART B – Health Assessment Report</b> – Authorised Health Professional to complete		
<input type="checkbox"/>	I have sighted & signed the applicant photograph. Please tick the box to confirm.	Attach Applicant Photograph
I have examined the named applicant whose signed photograph is attached and whose signature is inserted above to the medical standards set out by the Chief Medical Officer Iarnród Éireann and find the applicant to be medically <i>(Please tick the appropriate response)</i>		
Fit for IE Contractor PTS Certification		<input type="checkbox"/>
Fit for IE Contractor PTS Certification - Conditional on corrective lenses being worn		<input type="checkbox"/>
Unfit for IE Contractor PTS Certification - Applicant does not meets the required medical standard and has been advised they don't meet the medical standard.		<input type="checkbox"/>

<b>Health Professional details</b> (Stamp Acceptable) – <b>For Part B</b>	
<b>Name:</b>	
<b>Practice address:</b>	
<b>Assessment Date:</b>	
<b>Signature &amp; Medical Council Registration Number:</b>	

**For the latest version of this document refer to:**

<https://www.irishrail.ie/en-ie/about-us/iarnrod-eireann-infrastructure/Iarnrod-Eireann-Contractor-PTS>

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<b>PART C – COMPLIANCE WITH IARNRÓD ÉIREANN (IÉ) DRUG &amp; ALCOHOL POLICY –</b> Authorised Health Professional to Complete	
<b>Tick the appropriate boxes</b>	
I declare:  That the named applicant whose signed photograph is attached, and signature inserted above, have been tested according to the Drug & Alcohol Standards as set out by the Chief Medical Officer Iarnród Éireann. That we have a signed and dated report for the named applicant confirming that we have tested the urine sample for the specified substances as per the IE Contractor PTS Drug & Alcohol screening report requirements to the cut off concentration levels specified. The result of the screening is as follows:	<input type="checkbox"/>
The result of the drug screening is a ' <b>NEGATIVE</b> '	<input type="checkbox"/>
The result of the drug Screening is ' <b>UNCLEAR</b> '	<input type="checkbox"/>
The result of the breath alcohol test is ' <b>NEGATIVE</b> '	<input type="checkbox"/>
The result of the breath alcohol test is ' <b>POSITIVE</b> '	<input type="checkbox"/>
In the event of a 'Unclear' result being recorded during the drug screening process, or a positive breath alcohol test result being recorded, Irish Rail must be notified via email to <a href="mailto:medicalenquiries@irishrail.ie">medicalenquiries@irishrail.ie</a> .  Details of the Name, Date of Birth and sponsoring company and the detail of the unclear and / or positive test result must be forwarded.	

## Authorised Health Professional details (Stamp Acceptable) - For Part C

<b>Same Health Professional as Part B</b>	<input type="checkbox"/>
<b>Name:</b>	
<b>Practice address:</b>	
<b>Assessment Date:</b>	
<b>Signature</b>	

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