



OFFICE USE ONLY:

LEVEL 3 MEDICAL ASSESSMENT	FOR PTS	CERTIFICATION
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Applicant Forename: Applicant Surname:	ATTACH PASSPORT PHOTOGRAPH BOTH APPLICANT	
Date of Birth: Place of Birth:	AND EXAMINING DOCTOR TO SIGN BACK OF PHOTOGRAPH	
Home Address:		
Telephone Number:		
Doctor Name:		
Doctor 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	Please circle response					
FIT	UNFIT	To hold a Level 3 Personal Track Safety Certificate				
Signature Examining Medical Doctor:						
Signature of Applicant:			PRACTICE STAMP			
Date:						

APPLICANT NA	APPLICANT NAME: APPLICANT SIGNATURE EXAMINING MEDICAL DO			CAL DOCTOR:		
VISUAL ACUITY* *Recorded as a 'Snellen Fraction'	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		
Right Eye:	glasses/ contact lenses glasses/ contact lenses			YES	NO	
Left Eye:	glasses/ contact lenses glasses/ contact lenses		YES	NO		
Both Eyes:	glasses/ contact lenses glasses/ contact lenses			YES	NO	
HEARING** **If hearing is normal go to	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. 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.		REQUIRE	TS THE D STANDARD		
'General Health Section'			NORMAL	ABNORMAL		
No pathological condition	rder must be pres mitted to use hea	ent. ring aids in order to unpredictable fluctu	ation in th	standard but may use hearing a he hearing levels should be prese	ent. Pleas	se circle response
AUDIOGRAM	Required		YES	NO		
AUDIOGRAM		Meets standard 'Attach audiogram'		YES	NO	
GENERAL 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 Consciousness		YES	NO			
Impairment of awareness or concentration		YES	NO			
Sudden incapacity			YES			
Visual impairment of a temporary or transient nature						NO
Visual impairment of a	temporary o	or transient n	ature		YES	NO NO
Visual impairment of a Impairment of balance			ature		YES YES	