

Crowle Peatland Railway	Reference	Issue	Date	Status
Title: Medical Requirements – Safety Critical Grades	S1	1.0	11/08/2019	Issued

Self-Certification

Employees holding Safety Critical Grades, as defined in the Rule Book, are required to complete the following Medical Declaration Form.

Up to the age of 65 this is valid for 5 years from date of completion and signature.

After the age of 65 this is valid for 1 year from date of completion and signature. If the form has been completed within 11 months preceding the 65th birthday, it is valid for 1 year from date of completion and signature.

Medical Certificate (Group 2 Standard)

Locomotive Drivers and Trainee Locomotive Drivers are additionally required to be passed Fit to Drive after having a Medical Examination as prescribed on Form xxx xx xx

Up to the age of 65 the medical is valid for 5 years from the date of issue.

After the age of 65 the medical is valid for 1 year from the date of issue. If the medical has been completed within 11 months preceding the 65th birthday, it is valid for 1 year from its date of issue. After discussion with the Chairman, and at his discretion, the period of 1 year may be slightly extended in exceptional circumstances to facilitate the arrangement of a medical appointment.

Medical Declaration

Please complete the following (in block capitals) and return to the Safety Supervisor.

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Medical Declaration Form

Full Name:	Membership number:
Address	Post Code:
Telephone:	
Email:	

Please answer all the following questions by deleting as appropriate:

Do you have good hearing?	Yes/No
Do you have good eyesight (with glasses if needed)?	Yes/No
If you wear glasses, do you need them for Reading? Normal distance?	Yes/No Yes/No
Do you suffer from colour blindness?	Yes/No
During the past 5 years (one year for those 65 and over), have there been any significant changes in your health or physical fitness?	Yes/No*
Have you suffered from high blood pressure or any heart condition?	Yes/No*
Have you suffered from epilepsy, sudden attacks of disabling giddiness or fainting or any mental illness or defect or disability which could affect your fitness to carry out your duties?	Yes/No*
Have you suffered from high blood pressure or any heart condition?	Yes/No*
Have you been denied a licence to drive a motor vehicle or been advised by a doctor not to drive or operate machinery?	Yes/No*
Have you been prescribed any new medication which is being taken long-term?	Yes/No*

If you answered YES to any questions marked * please give details overleaf.

DECLARATION:

I declare that to the best of my knowledge and belief the answers I have given to the above questions are correct.

I will inform the General Manager immediately if there is any change in my health that may affect my fitness to carry out my railway duties.

In accordance with the General Data Protection Regulation (2018) I hereby agree that the Crowle Peatland railway (CPR) may store my personal information included on this form solely in order to provide evidence of my fitness for duties which I may be assigned and to guide the provision of care in an emergency. Except where required by law, the CPR will not share or disseminate this information to parties other than those listed without my express consent and I have the right to withdraw this consent at any time upon giving reasonable written notice.

Signature: Date: