

Medical Assessment Record

Medical
Type

Network Rail / Safety Critical

Case reference

Examiner

Date

Section 1 - Candidate Details

First name

Surname

DOB

ID type e.g. Driving Licence, Passport,
Employee card, Sentinel card

Unique ID number

PTS only Do they
have a Sentinel card?

NO ☐ YES ☐

If Yes -
is card
endorsed?



Endorsement type
e.g. symbol

Section 2 - Questionnaire & Medical Requirements - REFER TO ORDER & COMPLETED QUESTIONNAIRE

D & A test required?

NO ☐

YES ☐



Perform now with
Glucose and Protein
test

Protein

Read immediately

NAD / + / ++ / +++

Glucose

Read after 30 seconds

NAD / + / ++ / +++

**Office Use
only**
Refer
Glucose ++
Protein +++

Any sleep issues?

NO ☐

YES ☐



Complete Epworth
questionnaire

Epworth questionnaire score

Comments recorded

Review the medical questionnaire and flag any abnormal declarations - discuss with
candidate & prompt for full details incl. dates. Record these in Notes - Section 9

YES ☐

NO ☐

Section 3 - General Health

BLOOD PRESSURE

BP 1st reading

/

Repeat* if
BP more
than 160/95
on systolic
OR diastolic
reading

*Wait 2 minutes between readings

BP 2nd reading

/

BP 3rd reading

/

! Provide advice leaflet if final BP > 140/90

**! Recommend seek immediate medical advice
if BP > 180/110**

PULSE

Pulse rhythm



NORMAL ☐

ABNORMAL ☐

Pulse (b/min)

Repeat if pulse
<60 or >120

Pulse (b/min)

Office Use Only

BLOOD PRESSURE

<90/60

☐ If symptomatic = Fail & GP referral

☐ No symptoms = Full Pass

90/60 - 140/90

☐ Full Pass

140/90 - 160/95

☐ Full Pass with Advice

160/95 - 180/100

☐ 6 M cert & refer to GP

> 180/100

☐ Fail & referral to GP

PULSE

Refer Abnormal rhythm and rates <60 or >120

BMI

BMI <19 or >35 - refer to OHP

BMI

Weight (kg)

Height (m)

Height (m)²

Weight (kg)
divided by height
(m) squared

= BMI

**! If BMI >30 provide advice leaflet & record any symptoms /
concerns in Notes - Section 9**

Section 4 - Advice Leaflets

Advice leaflet
provided?

NO ☐

YES ☐



BP ☐

Smoking ☐

Alcohol ☐

BMI ☐



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Section 5 - Mobility, Balance and Coordination - USE ADDITIONAL REFERENCE CARD

	PASS			PASS	
Balance, mobility and coordination	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Rombergs test	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Alertness & Psychological wellbeing	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Speech and ability to communicate	YES <input type="checkbox"/>	NO <input type="checkbox"/>

! If NO is answered for any test within this section, then record full details in Notes - Section 9

Section 6 - Vision Assessment

No visual aids ☐ Glasses ☐ Contact lenses ☐

• Distance vision

Left (unaided)	Right (unaided)	Both (unaided)
<input type="text" value="6 /"/>	<input type="text" value="6 /"/>	<input type="text" value="6 /"/>
Left (corrected)	Right (corrected)	Both (corrected)
<input type="text" value="6 /"/>	<input type="text" value="6 /"/>	<input type="text" value="6 /"/>

DISTANCE VISION STANDARD

6/9 in better eye. 6/12 in other eye.

*can be achieved with or without visual aids

• Visual Fields NORMAL ☐ ABNORMAL ☐

IF ABNORMAL VISUAL FIELDS - RECORD FINDINGS HERE e.g. left eye, candidate's top right quadrant

• Colour Vision

COLOUR VISION - Number of plates read correctly

Colour vision NORMAL ☐ ABNORMAL ☐

COLOUR VISION STANDARD

17- 21 plates read - NORMAL

14 - 16 - COMPARATIVE TESTING REQUIRED - See quick ref guide

13 or less - ABNORMAL - provide advice leaflet

Section 7 - Hearing Assessment - To be conducted without hearing aids in place

	Frequency			Average loss (mean)
	0.5 kHz	1.0 kHz	2.0 kHz	
Left ear	<input type="text" value="dB"/>	<input type="text" value="dB"/>	<input type="text" value="dB"/>	<input type="text" value="dB"/>
Right ear	<input type="text" value="dB"/>	<input type="text" value="dB"/>	<input type="text" value="dB"/>	<input type="text" value="dB"/>

HEARING LOSS STANDARD

Hearing loss must not exceed 30 dB averaged over frequencies of 0.5, 1 and 2 kHz in either ear.

! COMPLETE IF AVERAGE LOSS EXCEEDS 30 dB

Are the ears free of wax?

YES ☐

If YES, ask the candidate about any past excessive noise exposure or any conditions that could cause hearing loss.
Record details in Notes - Section 9.

NO ☐

Record details in Notes - Section 9.



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Section 8 - Medications- Review questionnaire and D&A paperwork - provide full details below.

[illegible]

If candidate has declared Antihistamine use (non prescribed) then non-drowsy options must be recommended.

Initial here if recommended

Section 9 - Clinical Notes- prompt candidate for as much detail as possible and record below

PROVIDE DETAILS OF MEDICAL CONDITIONS/ SIDE EFFECTS

Please ensure notes are thorough, containing as much detail as possible. Include dates of diagnosis/ any concerns/ current state of condition or side effects/ issues. Information will be used when making decisions on the level awarded.

[illegible]

Continue on reverse if necessary



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