



# TfI, LUL and Infraco Employees only (TSW027)

## LONDON UNDERGROUND LIMITED SAFETY ON THE TRACK (MEDICAL COMPONENT) MEDICAL ASSESSMENT FOR LONDON UNDERGROUND

Surname (Print) ..... Forenames ..... DOB .....

TfI/LUL/Infraco Business Unit ..... Tel. ....

Grade ..... Location ..... Employee number.....

Employing Manager..... Tel. ....

Date and time of arranged appointment .....

### Level of certification required (Cross through boxes NOT required)

LUL Track accustomed person	LUL Track competent person	LUL Protection Master
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**Medical assessments for all areas must be undertaken by London Underground Occupational Health or an Infraco approved provider of medical assessments**

### COMPLETE A, B or C (delete statements not applicable)

- A) **I HAVE EXAMINED** (Name) .....to the medical Standard required by LUL. Medical examination (supervised by Responsible Doctor – Category 1 standard 2-05201-103)
- B) **I HAVE REVIEWED THE RESULTS OF THE MEDICAL EXAMINATION OF** (name) .....  
**UNDERTAKEN ON** ...../...../...to the medical standard required by LUL
- C) **I HAVE REVIEWED THE SELF ASSESSMENT QUESTIONNAIRE TSW024 OF** (name).....  
in conjunction with the medical record of their most recent medical examination **undertaken on** ...../...../..... to the medical standard required by LUL

### \*He or she meets / does not meet the required Standard (\*Delete statement not applicable)

**NB:** If person fails to meet LUL Track competent person standard but meets standard for LUL Track accustomed person, please enter details below:

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Please tick box if glasses required whilst on duty

Signature of person undertaking medical assessment / review.....

(Print name) .....(Print Job Title).....

Date of examination/ review ...../...../...../

PRINT Name of RESPONSIBLE Doctor :.....

MEDICAL PROVIDER STAMP	DATE STAMP	ORIGINAL COPY (GREEN) STAMP

### FOR MEDICAL EXAMINATIONS ONLY

**I HAVE BEEN MEDICALLY EXAMINED ON THE ABOVE DATE (Signed).....**

#### Note:

Where training takes place more than three months from the date of signature by the medical assessor, a medical Self Assessment form TSW 024 must be completed and accompany this form. This form must be kept on staff record on completion of training. It will be required for audit purposes