



**Aberdeen International
Airport**



Health Assessment Pack

AGS Airports Ltd

Airside Driver Permit Holder / Applicant

Note: This pack is for completion by a qualified
Medical Practitioner

**The Health Assessment MUST be completed
and signed or practice stamped by the
practitioner**

**The applicant is to produce this entire pack to
the practitioner conducting the assessment
who must return the Health Assessment
Declaration to the applicants sponsoring
company**

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1. Purpose

Anyone driving on airside roads and apron areas must be in the possession of a valid airside driving permit (ADP). For this to be awarded employees must pass a course in airside driving procedures and airfield knowledge and provide a certificate of fitness from a Medical Practitioner. The time period of the ADP and the medical assessment are separate from each other.

Safety is crucial in airport operations. Both workers and aircraft can be placed at risk from vehicles moving around them. Airside driver health assessments are one vital element that can be performed to reduce the risks. The aim of the assessment is to ensure that employees do not have any medical conditions that could endanger themselves, other people and aircraft. It is not to determine fitness for vehicle licensing.

2. Frequency of Assessment

The assessments are set at five yearly intervals until the age of 65 after which a reassessment is required annually with no upper age limit. If the OHP determines that there are clinical indications that suggest that the applicant may not continue to meet the specified criteria for the issue of a health assessment declaration until the end of the normal period of validity, a shorter period of validity may be specified on the declaration. The policy also recommends that airside drivers should have their fitness reassessed in between these intervals if there:-

Are any health concerns?

Has been any long term sickness absence;

Has been an accident in their vehicle at work;

Has been any recent surgery that could affect their ability to drive.

3. Staff Competencies and Skills

All Medical Practitioner's must be competent to carry out and interpret audiometry, Ishihara and Keystone vision testing and a simultaneous peripheral confrontational vision test. They must also be familiar with the contents of this policy.

4. Driver Safety Code

AGS Airports Ltd (ADP) policy is based on good practice and risk assessment. The policy adopts the standards set out in CAP 790 and fully complies with AGS Airports Ltd Airside Performance Standard - Airside Driver permit (ADP) Schemes

Any employee falling outside these standards must be discussed with the Medical Practitioner and any decision on fitness will be based on an individual risk assessment.

5. Medical Requirements

There are three permit groups in place, these are referred to by colour; BLUE, YELLOW and RED. In order to obtain any ADP, all drivers must be medically fit to drive to DVLA Group 1 standard. In addition to this, the following additional or more stringent standards than those set by the DVLA are required to be met.

<p><u>Vision</u></p>	<p><u>All permit types</u> Vision standards including visual field and acuity must meet the standard set by DVLA for a Group 2 driver with the exceptions given below for monocular vision and colour perception.</p> <p>Initial permits shall not be granted to uniocular applicants. Grandfather rights may be applicable for existing drivers but must be discussed with the OHP if the employee has corrected vision. An objective and appropriate risk assessment is deemed necessary on each individual basis considering task, role and experience.</p>	
<p><u>Colour perception</u></p>	<ul style="list-style-type: none"> - Blue "A" permit applicants 	<p>No requirement / restriction regarding colour perception.</p>
	<ul style="list-style-type: none"> - Yellow "M" & M-Restricted - Red "R" permit applicants 	<p>Drivers are required to distinguish the colours red, green and white using the Ishihara test. If they are unable to complete the Ishihara test plates correctly the OHP must then be tested using the City University Colour Vision Test. If they fail this, they should discuss the result with the OHP.</p> <p>Grandfather rights may be applicable for existing drivers. In this case an objective and appropriate risk assessment is deemed necessary on each individual basis considering task, role and experience and ability to distinguish signals on the airfield. A risk assessment is not permitted for initial yellow or red permit applicants. This risk assessment should be carried out by Airfield Operations department.</p> <p>The OHP should complete a fitness certificate and advise the employer that a colour vision problem has been identified and the risk assessment should be carried out by Airfield Operations department</p>

		The use of colour correcting lenses is not acceptable for airside driving.
<u>Hearing</u>	<p>A forced whisper test should always be undertaken as part of the airside driving medical. It is essential that drivers can hear sufficiently under the adverse noisy conditions that prevail airside, by hearing a forced whisper test in either ear at a distance of 6 metres. This is particularly important for staff required to use radiotelephones. In the case of doubt audiometry should be performed.</p> <p>If there is a hearing loss of more than 30 dBA in either ear, averaged over 0.5, 1 and 2 kHz.</p> <p>Grandfather rights may be applicable for existing drivers. An objective and appropriate risk assessment is deemed necessary in this case on each individual basis considering task, role and experience. This risk assessment should be carried out by Airfield Operations department.</p>	

Drivers must disclose to the DVLA and their employer any medical condition or prescribed medication which may affect their ability to drive safely.

Where the DVLA places a condition or restriction on a driver this must be declared to their employer, assessed/reviewed by the employer and, if necessary, medical advice obtained.

5.1 Equivalent Medical Certificates

Where candidates are in possession of an alternative medical certificate thought to be equivalent to the AGS Airports medical airside driving standard, an application may be made to the Airside Operations Department to have this accepted as an equivalent medical certificate.

5.2 Alcohol and drugs

Employees under the influence of drugs and alcohol are not permitted to drive vehicles airside or elsewhere at AGS Airports.

5.3 Medications

Some medications can have an adverse effect on driving ability. Drivers using prescribed medications should check with their GP or pharmacist if there will be any effect on their ability to drive vehicles and inform their Medical Practitioner accordingly.

The current DVLA guidance suggests that the following medications could impair driver ability and increase the risk of road traffic accidents:

Antidepressants, anxiolytics, hypnotics and anti-psychotics have side effects which reduce performance, concentration, memory, information processing and motor activity (Cox, 2007). Benzodiazepines are the most likely psychotropic medication to impair driving;

Anti-histamines (such as in hay fever preparations) and anticholinergic anti emetics tend to cause blurred vision and have sedative effects;

Certain analgesics, e.g. containing codeine and even some anti inflammatories such as Indomethacin;

5.4 General Health

Once issued the holder of the permit has the duty to disclose any medical condition or medication which may affect their ability to operate and drive safely whilst holding the permit (Road Traffic Act 1988).

6. Equality Act 2010

Employees must not suffer from any disease or disability likely to cause them to be a source of danger to the public when driving airside. It is important for the Medical Practitioner to note that disabled workers have the same employment rights as other workers, and there are some specific provisions for them under the EA. Under this act it is unlawful for employers to discriminate against disabled people for a reason related to their disability, in all aspects of employment, unless it is justified. Under the EA the employer has a duty to consider making 'reasonable adjustments' to ensure that there is no substantial disadvantage by employment arrangements or any other physical feature of the workplace.

VERY IMPORTANT PLEASE READ CAREFULLY

The applicant should fully complete the following Health Assessment during the medical examination.

The Medical Practitioner **MUST** sign and date the Health Assessment Declaration (last 3 pages only) and return to the sponsoring company

The declaration should be submitted as part of the driver permit application process

The Medical Practitioner, with the consent of the applicant, should retain all other pages for their own records

AGS Airports Ltd. Health Assessment Questionnaire for Airside Drivers

To be retained by the Medical Practitioner

Name:	Employer:
DOB:	NI Number:
Address:	
GP's Name and Address:	

PLEASE ANSWER ALL QUESTIONS

Details of specialist(s)/consultants, including addresses

Speciality:
Date Last Seen:

Current medication including exact dosage and reason for each treatment:
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Please provide number of alcohol units
consumed per week

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**IF YOU ANSWER YES TO ANY OF THE QUESTIONS BELOW, PLEASE PROVIDE
FURTHER DETAIL IN SECTION 7**

1. VISION

YES NO

a) Do you have double vision?		
b) Do you wear glasses?		
c) Do you wear contact lenses?		
d) Do you have any eye conditions which might affect your visual fields or have you been told you have a visual field defect in the past?		
e) Do you experience glare problems when driving?		
f) Do you have any other eye problems?		

2. NERVOUS SYSTEM

YES NO

1. Have you had any form of epileptic attack?

a) If yes, please give date of last attack:	
b) If treated, please give date when treatment ceased:	

2. Do you have a history of blackout or impaired consciousness within the last 5 years?

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3. Do you suffer from narcolepsy/cataplexy?

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4. Do you have a history of, or any evidence of the conditions listed below?

a) Stroke/ITA <i>please delete as appropriate</i>	
b) Sudden and disabling dizziness/vertigo within the last 1 year with a liability to recur	
c) Subarachnoid haemorrhage	
d) Serious head injury within the last 10 years	
e) Brain tumour, either benign or malignant, primary or secondary	
f) Other brain surgery	
g) Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis	
h) Dementia or cognitive impairment	

3. DIABETES MELLITUS

YES NO

1. Do you have diabetes mellitus?

If yes, please answer the following questions:

2. Is the diabetes managed by:

a) Insulin	
If yes please give date started on insulin	
b) Oral hypoglycaemic agents and diet	
c) Diet only	

3. Do you test your blood glucose before starting to drive and at least twice every day?

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4. Do you carry glucose or food suitable for treating a hypoglycaemic attack with you at all times?

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5. Is there any history of hypoglycaemia during waking hours in the last 12 months requiring assistance from a third party?

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4. PSYCHIATRIC ILLNESS

YES NO

Do you have any history of or any evidence of:-

- 1. Significant psychiatric disorder within the past 6 months?
- 2. A psychotic illness within the past 3 years including psychotic depression?
- 3. Persistent alcohol misuse in the past 12 months?
- 4. Alcohol dependency in the past 3 years?
- 5. Persistent drug misuse in the past 12 months?
- 6. Drug dependency in the past 3 years?

5. CARDIAC DISEASE

1. Myocardial infarction?
If yes please give dates

2. Coronary artery by-pass graft?
If yes please give dates

3. Coronary angioplasty (with or without stent)?
If yes please give dates

4. Angina?
If yes please give the date of the last attack

5. Irregular heartbeat?

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6. Have you had a cardiac defibrillator device implanted?

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7. Have you had a pacemaker implanted?
If yes:-

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- a) Has the pacemaker been implanted for at least 6 weeks?
- b) Since implantation are you symptom free?
- c) Do you attend a pacemaker clinic regularly?

8. Do you have pain in the legs on walking?

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9. Were you born with a problem with your heart?

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10. Have you ever had heart failure?

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11. Are you on any medication for high blood pressure?

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6. GENERAL

YES NO

1. Do you currently have a disability of the spine or limbs, likely to impair control of the vehicle?

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2. Do you have any history of cancer?

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3. Do you have any problems with your kidneys or liver?

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4. Do you have sleep apnoea syndrome?

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5. Do you have any other medical condition causing excessive daytime sleepiness?

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6. Do you have any significant respiratory problems?

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7. Are you taking any medication which could impair safe driving?

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7. ROLE

Please give details of equipment and vehicles driven in the box below.

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7. ADDITIONAL INFORMATION

If you have answered **YES** to any of the above questions, please provide further details in the box below.

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8. CONSENT AND DECLARATION

I declare that I have checked the details I have given on the enclosed assessment and that to the best of my knowledge and belief, they are correct.

Signature **Date**

Name **DOB**

TO BE RETAINED BE THE MEDICAL PRACTITIONER

FUNCTIONAL ASSESSMENT EXAMINATION

Height		Blood Pressure	
Weight		Pulse Rate	
BMI		Regular/Irregular	

Urinalysis

Blood Glucose Ketones Protein

Visual Acuity

Distance Left _____ Right _____ Both _____ Corrected _____ Left _____ Right _____ Both _____
 Near Left _____ Right _____ Both _____ Corrected _____ Left _____ Right _____ Both _____

Visual Fields

Is there full binocular vision? **Yes** **No**

Colour Vision

Is colour vision normal? **Yes** **No**

If no, refer to specific policy

Note: - If you suspect that the person has an eye condition which might cause a visual field defect or has a visual field defect, ask the patient to provide the results of an Esterman test to you.

Hearing

Whisper Test Normal? **Yes** **No**

If abnormal perform audiometry.

Name of Medical Practitioner:
Comments:

Medical Practitioner Signature: _____ **Date:** _____

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AIRSIDE DRIVING HEALTH ASSESSMENT DECLARATION

(To be completed by the practitioner and returned to the sponsoring company)

I.....(Insert practitioners name), have today examined
..... (Insert applicant's name)
of (insert company or Dept. if GLA)
.....(insert D.O.B) and consider him/her to:

- Meet the specified medical standards for a BLUE, YELLOW OR RED permit
- Meet the specified medical standards for a BLUE permit only
- Not** meet the specified medical standards (BLUE, YELLOW OR RED).

If the applicant does not meet the red or yellow standard, is this due to failure of the Ishihara test?

- YES** **NO**

If the applicant does not meet either standard, is this due to failure of the forced whisper test?

- YES** **NO**

Vision standard met only with correction*

Monitoring of diabetic or any other medical conditions where medication is required.**

Please provide monitoring conditions required below:

***Note:** If the vision standard box above is ticked, the privileges of the airside driving permit may only be exercised if the holder has corrective lenses available when providing a service and uses them when appropriate.

****Note:** If this box is ticked, the privileges of the airside driving permit may only be exercised if the holder agrees to follow the individual requirements laid down and signed for regarding management of diabetic or any other medical conditions that require control medication prior to receipt of driving permit.

Are there any other medical concerns that should be recorded as part of this declaration?

- YES** **NO**

Comments:

AIRSIDE DRIVING HEALTH ASSESSMENT DECLARATION

(To be completed by the practitioner and returned to the sponsoring company)

From the questionnaire, please summarise details provided of vehicles or equipment driven by the individual as part of their role

Does the individual meet group 2 DVLA standard yes or no?

YES NO

Are there other areas of concern or items of which you believe we should be made aware of?

YES NO

If yes, please sent separate report with pertinent details. This will be dealt with in the strictest confidence.

AIRSIDE DRIVING HEALTH ASSESSMENT DECLARATION

(To be completed by the practitioner and returned to the sponsoring company)

Practitioner Information

Details of Practitioner carrying out Assessment

Period of validity - Declaration valid for Months
Declaration expires on (Date)

Practitioner's signature Date

Practitioner's: Email address

Contact number

Address/ Practice Stamp

Applicant Declaration

To be signed by the individual making the application.

The permit applicant is to sign below to indicate that he / she understands the limitations associated with the medical declaration

Signed (applicant) **Date**