



**External Medical Provider**  
**Order 43**  
**Preplacement Medical Assessment Report**

EXAMPLE DOCUMENT ONLY

**Confidential:** the information contained in this document is confidential and only for the information of the intended recipient.



Coal Services

## Overview

This preplacement medical assessment has been conducted as part of the requirements of NSW Coal Order 43. It must only be conducted by an approved Medical Practitioner. This medical is designed for any person about to commence work in the NSW Coal Industry for the first time or any Coal Mine Worker who has previously worked at a coal mine and is about to commence work at a different coal mine and includes the items outlined in Schedule 1 (reproduced below)

## Schedule 1

1. Name and date of birth of the worker.
2. Name and registration number of the approved medical practitioner carrying out the Assessment.
3. Name and address of the person conducting the business or undertaking who requested the Assessment.
4. Date(s) the Assessment was carried out.
5. Detailed work history of the worker.
6. Detailed medical history, including any past or present disease or injury and any use of medication.
7. Spirometry and a review of the respiratory system, including the completion of a standardised respiratory questionnaire based on the MRC (UK) Respiratory Questionnaire 1986.
8. Hearing assessment, including audiometry.
9. Vision assessment, including visual fields and colour vision.
10. Full musculoskeletal assessment that pays particular attention to any previous injury or underlying condition.
11. Cardiovascular assessment.
12. Blood pressure assessment.
13. Urinalysis.
14. Body Mass Index (BMI).
15. Waist/Hip ratio.
16. Clinical examination and general health review, including tobacco smoking history, alcohol consumption and physical activity.
17. Neurological examination with particular attention to sensory or balance disorders, including the Romberg test for balance.
18. Respiratory fit-testing for a worker who will undertake tasks relating to production, processing or maintenance at a coal mine for the first time
19. Review of any previous chest x-rays carried out in relation to the worker.
20. Conclusions and recommendations including:
  - a. any advice that test results indicate that the worker may have contracted a disease, injury or illness as result of carrying out the work;
  - b. overall fitness of the worker for the proposed position, including any recommendations or work restrictions Privacy and confidentiality

It is important to note:

To be compliant to NSW Coal Order 43 a preplacement medical is only valid for a period of twelve (12) months, from the date the medical was conducted.



### Order 43 Preplacement Medical Assessment Report

<b>Full name</b>	
<b>Date of birth</b>	
<b>Employer</b>	
<b>SEG</b>	CHPP Operator/Maintainer
<b>Date of assessment</b>	

#### Determination

<input checked="" type="checkbox"/>	<b>GREEN</b>	Medically fit and healthy in relation to the occupational demands of their usual role.
<input type="checkbox"/>	<b>AMBER</b>	Has a stable medical condition that imposes a restriction on some aspect of their usual role
<input type="checkbox"/>	<b>AMBER</b>	Has a medical condition that requires ongoing medical monitoring.
<input type="checkbox"/>	<b>RED</b>	Has a medical condition that will result in an unacceptable safety or health risk or a condition that prevents them from performing the occupational demands of their usual role.

<b>Chest x-ray current (as per Order 43 requirements)</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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#### Recommendations / Restrictions

Any test results indicating a disease, illness or injury as a result of carrying out the work?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Comments</b>		



**Follow up**

Review Type		Review Time	
Periodic medical	<input checked="" type="checkbox"/>	1 month	<input type="checkbox"/>
Medical review	<input type="checkbox"/>	3 months	<input type="checkbox"/>
Vision	<input type="checkbox"/>	6 months	<input type="checkbox"/>
Audiometry	<input type="checkbox"/>	12 months	<input type="checkbox"/>
Vision and audiometry	<input type="checkbox"/>	2 years	<input type="checkbox"/>
Spirometry	<input type="checkbox"/>	3 years	<input checked="" type="checkbox"/>

**Comments**

<b>Signature Registered Nurse:</b> <i>(if applicable)</i>	<b>Name:</b>
	<b>ARN* number:</b>
	<b>Date:</b>
<b>Signature Medical Practitioner:</b>	<b>Name:</b>
	<b>AMP** number:</b>
	<b>Date:</b>

\* Coal Services Approved Registered Nurse number.

\*\* Coal Services Approved Medical Practitioner number.