NWFMed Medical

From:
Sent:
To:
Cc:
Subject: Order 43 Assessment (to be completed by Medical Practitioner ONLY) Form submitted on Coal Services

Attachments:

Please choose your assessment type:	Periodic Health Assessment
Workers Given Name/s	
Workers Surname	
Date of Birth	
Gender at Birth	
Address	
Contact Number	
Treating Doctor	
Position	Truck Driver/Owner
Employer	
Work History	
Details of any injury, operation or medical illness	Removal of Appendix - 1971 Removal of plate to L) Collarbone - 1971

EXAMPLE DOCUMENT ONLY

Medications

Allergies

Physical	None
Chemical	N/A
Dusts	Diesel exhaust, Oils, Phenol
Respirator	Coal
Gloves	Never
Hearing protection	Always
Long sleeves/pants	Always Sometimes
Hat	Always
Sunglasses	Always
Sunscreen	Never
Boots	Always
Eye protection	Always
Do you currently have any skin problems or dermatitis?	No
- Are you troubled by shortness of breath when hurrying on level ground, or walking up a slight hill?	Yes

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- cough?	No
- wheeze?	Yes
- get a tight chest?	No
- by a wheeze?	No
- by difficulty breathing?	Yes
- with a wheeze	No
- with difficulty breathing?	No
- If your are in a smoky room?	No
- If you are in a dusty place?	No
- at weekends (or equivalent if shift worker)?	No
- when you are on holidays?	No
- Do you usually cough first thing in the morning in winter?	Yes
- Do you usually cough during the day or at night, in the winter?	Yes
- If you answered yes to any of the 2 question above - do you cough like this on most days for as much as three months each year?	Yes

EXAMPLE DOCUMENT ONLY

- Do you usually bring up phlegm from your chest first in the morning in winter?	Yes
- Do you usually bring up phlegm from your chest during the day or at night, in winter?	No
- If you answered yes to either of the above 2 questions - do you bring up phlegm like this on most days for as much as three months of the year?	Yes
- In the past three years, have you had a period of (increased) cough and phlegm lasting for three weeks or more?	No
- During the past three years, have you had any chest illness that has kept you from your usual activities for as much as a week?	No
- an injury, or operation affecting your chest?	No
- heart problems?	No
- bronchitis?	No
- pneumonia?	No
- pleurisy?	No

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- asthma?	No
- hayfever?	Yes
- other chest trouble?	No
- Do you smoke?	Yes
- If you answered no to the above, have you ever smoked as much as one cigarette a day for as long as one year?	Yes
- How old were you when you started smoking?	30
- Did you smoke manufactured cigarettes?	Yes
- If you answered YES to above, how many do (did) you usually smoke per day?	20
- How many do (did) you smoke on weekdays?	20
- How many do (did) you smoke on weekends?	20
- Do (did) you smoke any other forms of tobacco?	No
Respiratory System Review	Abnormal
Comments	Gets short of breath with exertion for a couple of years, and has productive cough in winter.

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Respiratory fit test results	N/A
Q1. Where do you work?	Surface
Q2. Have you had significant pain or discomfort during the last year that lasted for a week or longer?	No
Q9. How long have you been working at this job?	3 years
Q10. Can you control the order and pace of your tasks?	Yes
Q11. Is the order and pace of your tasks usually dependent on others (machines, computers, customers)?	No
Q12. Do you usually work under time pressures and deadlines?	No
Lift objects over 20kg	Never
Drag hoses or cable	Never
Work with your arms above chest height	Never
Drive heavy plant equipment	Never
Climb stairs, ramps or ladders	Infrequent
Walk on uneven ground	Frequently
Operate powered tools	Never

EXAMPLE DOCUMENT ONLY

Maintain a fixed posture for extended periods	Frequently
Use keyboards/screens for extended periods	Never
Q14. Are you exposed to vibrations?	No
Sitting and reading	1
Watching TV	1
Sitting inactive in a public space (e.g. a theatre or meeting)	0
As a passenger in a car for an hour without a break	0
Lying down to rest in the afternoon when circumstances permit	1
Sitting and talking to someone	0
Sitting quietly after a lunch without alcohol	1
In a car, while stopped for a few minutes in traffic	0
Epworth Sleepiness Score	4
Score indicates GP referral required?	No
Do you consume alcohol?	No

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A. Tired out for no reason	2
B. Nervous	1
C. So nervous nothing would calm you down	1
D, Hopeless	1
E. Restless or fidgety	1
F. So restless you could not sit still	1
G. Depressed	1
H. That everything was an effort	1
I. So sad that nothing could cheer you up	1
J. Worthless	1
K10 Psychological Score	11
Score indicates GP referral required?	No
Height	174
Weight	105.7
BMI (kg/m2)	34.9
Waist to hip ratio	1.07
Fields	Normal
Left 6/	6

EXAMPLE DOCUMENT ONLY

Right 6/	6
Binocular 6/	6
Uncorrected N	11
Corrected N	6
Colour vision defect	Yes
Blood pressure	132/76
Pulse rate	80
Heart sounds	Normal
Rhythm	Normal
Character	Normal
Peripheral pulses	Normal
Blood glucose (non-fasting)	4.8
Cholesterol (non-fasting)	4.2
HDL Cholesterol	1.0
TC/HDL Ratio	4.2
Breath sounds	Normal
Spirometry result	Normal
Spirometry graph upload	

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Date of last Spirometer accuracy check	
Name of tester	
AMP/ARN Number	
Is there a chest x-ray required as part of this medical?	Yes
Chest X-Ray Upload	
X-ray outcome	Routine abnormality
Comments (follow ups required, referrals etc.)	CXR Performed April 2017
Blood	Neg
Glucose	Neg
Protein	Neg
At least 16 hours since significant noise exposure?	Yes
Auditory canals normal?	Yes
Recent ear/sinus infection?	No
Is tinnitus present now?	No
Tympanic membranes normal?	Yes
Hearing loss consistent with NIHL?	Yes

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Hearing meets commercial driver standards?	Yes
Hearing meets national rail standards?	Yes
500 (left)	20
1 (left)	20
500 (right)	25
1 (right)	25
1.5 (left)	20
2 (left)	20
1.5 (right)	20
2 (right)	20
3 (left)	40
4 (left)	35
3 (right)	45
4 (right)	50
6 (left)	40
8 (left)	30
6 (right)	45
8 (right)	35
Loss (left)	0.00

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Loss (right)	0.00
Binaural hearing loss	0.00
Is there any significant change in the loss since the last recorded audiogram?	Unsure
Name of Tester	
AMP/ARN* Number	
Gender	Male
Smoker	Yes
Diabetic	No
Age	
SBP	132
TC/HDL	4.2
Low	5-9%
Date of Examination	October 22, 2018
Name of Approved Medical Practitioner (AMP)	
AMP Number	
Declaration	I hereby certify that I have personally examined the worker to comply with Order 43.

EXAMPLE DOCUMENT ONLY

Role requirements - only PDF accepted

Consent form - only PDF accepted

Assessment report - only PDF accepted

Status	Completed
User ID	

EXAMPLE DOCUMENT ONLY

EXAMPLE DOCUMENT ONLY

Role requirements *(Requesting Employer to complete)*

This form must be completed by the employer requesting the medical and a copy sent to the Medical Officer conducting the medical assessment prior to the medical being conducted. It is important to note compliance is assessed according to the requirements of NSW Coal Order 43 (the Order), not the requirements of any individual site.

The Order defines a **coal mine worker** as "a person who carries out work at a coal mine for a person conducting a business or undertaking. It does not include a person who works in an environment in which they are not exposed to coal dust unless the person has previously worked in an area of a coal mine in which they were exposed to coal dust."

The Order defines a **worker** as "a person who is about to commence work at a coal mine for a person conducting a business or undertaking, including a person who has previously worked at a coal mine and is about to commence work at a different coal mine."

EXAMPLE DOCUMENT ONLY

Workers Details	
Name	
Date of birth	
Address	
Phone	
Email	

Preplacement ☐ Periodic ☑ Exit Medical ☐

Details of position	
Medical Service Provider	
Employer	
Worker's position or role	
Operation site	
Worker's Similar Exposure Group (SEG)	

Employee ☐ Contractor ☑ Labour Hire ☐

Details of person supplying information	
Name	
Position	

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Phone:

Birthdate:		**Sex:**	1	**Medicare Number:**
Your Reference:		**Lab Reference:**		
Laboratory:				
Addressee:		**Referred by:**		
Name of test:	XRAY Chest ILO - (Non CSH)			
Requested	**Collected:**		**Reported:**	

Birthdate: Sex: 1 Medicare Number:
Lab Reference:
Laboratory:
Addressee:

Name of Test: XRAY Chest ILO - (Non CSH)
Requested: Collected: Reported:

XRAY Chest ILO - (Non CSH) (XRAY Chest ILO (Non CSH))
Gunnedah Radiology

Ward/Clinic: GDH Outside Referral

Reported By:

Exam Date:

* Final Report *

Screening for: Pneumoconiosis to ILO Standard

XRAY CHEST

Report:

Technical Quality Grade 1
Parenchymal Abnormalities:
Small Opacities: 0 = None
Profusion (4-point scale): 0
Large Opacities: 0 = None
Pleural Abnormalities: No
Pleural Calcifications: No
Diffuse Pleural Thickening: No
Costophrenic Angle Obliteration: 0

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Additional Findings: Incidental note is made of old healed left mid clavicular shaft fracture.

Comment:

No evidence of industrial lung disease.

The ILO Classification is 0/0

Signed by: /

Referring Physician:

* Final Report *

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Coal Services

Order 43 Preplacement Medical Assessment Report

Full name	
Date of birth	
Employer	
SEG	
Date of assessment	

Determination

☑	GREEN	Medically fit and healthy in relation to the occupational demands of their usual role.
☐	AMBER	Has a stable medical condition that imposes a restriction on some aspect of their usual role
☐	AMBER	Has a medical condition that requires ongoing medical monitoring.
☐		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.

Chest x-ray current *(as per Order 43 requirements)*	Yes ☑	No ☐

Recommendations / Restrictions

Any test results indicating a disease, illness or injury as a result of carrying out the work? Yes ☐ No ☑

Comments

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Coal Services

Follow up

Review Type		Review Time	
Periodic medical	[✓]	1 month	[ ]
Medical review	[ ]	3 months	[ ]
Vision	[ ]	6 months	[ ]
Audiometry	[ ]	12 months	[ ]
Vision and audiometry	[ ]	2 years	[ ]
Spirometry	[ ]	3 years	[✓]

Comments

Signature Registered Nurse:
(if applicable)

Name:

ARN* number:

Date:

re Medical Practitioner:

Name:

AMP number:**

MBBS FRACGP

Date: 7/11/18

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** Coal Services Approved Registered Nurse number.*

*** Coal Services Approved Medical Practitioner number.*