

Coal Mine Workers' Health Scheme

Approved Form - Section 4 - Health Assessment Report

Coal Mine Worker's Details

Family Name	Given Name(s)	Date of birth

Employer	Mine(s) (if applicable)

Examination Details

Date of Examination by EMO	Position (e.g. job title (generic))	Is the assessment for underground work?
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

As at the date of this examination, the coal mine worker:

- Is fit to undertake any position
- Is fit to undertake the proposed / current position
- Is fit to undertake the proposed / current position subject to the following restriction(s) (if necessary, outline a management program)

<input type="checkbox"/> Is suitable for and has no condition which precludes participation in mines rescue - See Mines Rescue Medical Guidelines For Queensland Mines Rescue Service personnel / applicants only.

Is not fit to undertake the proposed / current position because of the following restriction(s):

.....

.....

.....

The duration of the restriction is:

Is a further review necessary? Yes Date / / No

Specify full or type of review required:

Was a chest x-ray taken? Yes Date / / No

As Nominated Medical Adviser I have explained the restriction / additional assessment to the worker Yes No

As Nominated Medical Adviser I have provided a copy of Section 4 to the worker (refer Note a): Yes

I have been advised of the outcome of this assessment. (Practical constraints prevent this from being a compulsory item)	Coal Mine Worker's Signature	Date
Nominated Medical Adviser's name and address:	NMA's Signature:	Date / /
Practice stamp		

- Distribution:**
- a) copy of Section 4 to coal mine worker at address shown on page 2; and
 - b) copy of Section 4 to employer; or in the case of Mines Rescue membership a copy also to Queensland Mines Rescue Service, GPO Box 156, Dysart, Qld 4745; and
 - c) copy of complete Health Assessment Form to Health Surveillance Unit, Department of Natural Resources and Mines, PO Box 467, Goodna, Qld 4300.