| Family Name | Given Name(s) | | | | Da | ate of bi | rth |
|--|--|------------------|-----------------|--------------------------|-----------|--------------|-----|
| | ABB | | | | 100 | | |
| | March 2 and 10 a | | | | | | |
| Imployer | Mine(s) (if applicable) | | | | | | |
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| Examination Details | | | | | | | |
| Date of Examination by EMO Po | sition (e.g. job lite (generic)) | | | is the asse undergrou | | | |
| | | | | | IICI WOLK | | - |
| | | | | Yes | | No | X |
| As at the date of this examination, the c | oal mine worker: | | | | | | |
| Is fit to undertake any position | | ls suitable | e for and has | no conditio | in which | predude | 35 |
| Is it to undertake the proposed cut | ea/ position | participal | don in mines | | | | |
| is it to undertake the proposed cum | | Guidalines | | | | | |
| | | | Mines Rescue | | | • | _ |
| ts lit to undertake the proposed / cuπ program) | rent position subject to the tollo | wing restric | con (s) (if nec | essary, ou! | ine a m | anageme | n |
| hroften) | , \ | | | | | | |
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| Is not in to undertake the proposed / | current position because of the | ollowing re | | ********** | | | |
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agi copy of Section 4 to cost mine worker at address shown on page 2; and
b) copy of Section 4 to employer; or in the case of Mines Rescue maniforation a copy size to Outsmalland Mines Rescue Service, GPO Sex 155, Oyears, Old 4746; and
c) copy of complete Health Assessment Form to Health Gurwallance Unit. Department of Employment, Economic Development and Innovation, PO Sex 15216, Oily East 4002. HEWITT, T



CHEST X-RAY HISTORY DECLARATION – SURFACE OR UNDERGROUND WORKER

As per the QLD Coal Mining Safety and Health Regulation 2001, effective 1 January 2017 all coal mine workers are required to undergo chest x-rays and respiratory function tests at regular intervals depending on their work history.

To ensure that the correct assessment interval is maintained, please complete the information below.

| Candidate details: | |
|-------------------------------------|---|
| Full name: | OSTE ID#: |
| Employer: | Role: |
| Work history details: | |
| Surface worker only | Previous / current underground worker (one or more shifts underground) |
| Latest chest x-ray date (if known): | |
| Candidate acknowledgment: | |
| | curate interpation with regard to my work history so that health gislated interval to comply with the requirements of the QLD Coal Mining this form is true and correct |
| Full name: | Sign and date: |
| | |
| | //X |
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| | |
| | |

Chest x-ray history declaration Document number: