

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 checked="" type="checkbox"/> No <input 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)

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 No

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 / /

a. Refer to page 2; and
 b. s Rescue membership a copy also to Queensland Mines Rescue Service, GPO Box 156, Dysart, Qld 4745; and
 c. i Surveillance Unit, Department of Employment, Economic Development and Innovation, PO Box 15216, City East 4002.