

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:			
<input type="checkbox"/> Surface worker only	<input checked="" type="checkbox"/> Previous / current underground worker (one or more shifts underground)		
Latest chest x-ray date (if known):			
Candidate acknowledgment:			
<p><i>I understand my obligation to provide accurate information with regard to my work history so that health assessments can be completed at the legislated interval to comply with the requirements of the QLD Coal Mining Safety and Health Regulation 2001.</i></p> <p><i>I declare that all information contained in this form is true and correct</i></p>			
Full name:		Sign and date:	

EXAMPLE DOCUMENT ONLY

Approved Form - Section 4 – Health Assessment Report

Coal Mine Worker's Details

Family Name	Given Name(s)	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer	Mine(s) (if applicable)
<input type="text"/>	<input type="text"/>

Examination Details

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

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

<input type="checkbox"/> Is fit to undertake any position	<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.
<input type="checkbox"/> Is fit to undertake the proposed / current position	
<input checked="" type="checkbox"/> Is fit to undertake the proposed / current position subject to the following restriction(s) (if necessary, outline a management program) Requires prescription lenses for performing safety critical tasks such as driving, operating machinery or tasks requiring high visual acuity	

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

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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: Practice stamp	NMA's Signature:	Date

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 Employment, Economic Development and Innovation, PO Box 15216, City East 4002.