

**Section 4 – Nominated medical adviser to complete**

*Health assessment report*

**4.1 Coal mine worker details**

a) Family name	
Given name(s)	
b) Date of birth	
c) Employer	
d) Mine (e.g. Southern Colliery)	Coppabella
e) Coal mine worker's proposed/current position	Mobile Plant Operator / ERT

**4.2 Respiratory function and chest x-ray examinations summary**

a) Date of examination by examining medical officer

b) Date of the coal mine worker's last respiratory function examination

c) The coal mine worker has had a comparative assessment of their respiratory function  Yes  No

d) Date of the coal mine worker's last chest x-ray examination

Name of radiologist and practice

Date of US based x-ray review (second reading)

e) I have examined/reviewed the results of the coal mine worker whose name appears in section 4.1a (above), and that in my opinion this worker (tick all boxes that apply):

- (i)  displays indications of adverse health effects that may be attributed to exposure to a causative agent at the mine
- (ii) has the following prescribed disease:
 

<input type="checkbox"/> chronic obstructive pulmonary disease	<input type="checkbox"/> silicosis
<input type="checkbox"/> coal workers' pneumoconiosis	<input type="checkbox"/> legionellosis
- (iii)  should seek further advice as to the treatment/management of their medical condition from their treating medical practitioner

f)  I have advised the coal mine worker to seek further advice as to the treatment/ management of their medical condition from their treating medical practitioner

g) Recommended date of next health assessment

**4.3 Fitness for duty**

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

Corrective lenses to be worn at all times.

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

The duration of the restriction is:

b) Is a subsequent assessment required?  Yes  No  
 Date / /

Matter(s) to be assessed

**4.4 Declaration**

- a) As nominated medical adviser, I have explained the outcome of the health assessment to the coal mine worker  Yes  No
- b) As nominated medical adviser, I have provided a copy of this report to the coal mine worker  Yes  No
- c) The coal mine worker has given written consent for the nominated medical adviser to provide an explanation of this report to the employer with the coal mine worker present  Yes  No

**Coal miner worker's declaration** — I have been advised of the outcome of this health assessment  
 (Practical constraints prevent this from being a compulsory item)

Coal mine worker's signature ..... Date / /

**NMA's name and address**

.....  
 NMA's Signature Date / /