

Section 4 - Nominated medical adviser to complete

Health assessment report

1 1	Coal	mino	worker	dotaile
4.1	Loai	mine	worker	aetans

	a)	Family name							
	1	Given name(s)							
	b)	pate of birth							
	c)	Employer							
		Mine (e.g. Southern Colliery)							
		Coal mine worker's proposed/current position							
4.2	Respi	ratory function and chest x-ray examinations summary							
	a)	Date of examination by examining medical officer	05/02/2018						
	b)	Date of the coal mine worker's last respiratory function examination	05/02/2018						
	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	Organized for 05/02/2018						
		Name of radiologist and practice Date of US based x-ray review (second reading)	Pending						
	e)								
		(i) displays indications of adverse health effects that may be attributed to expessive to a causative agent at the mine							
		(ii) has the following	□sificos/s						
		prescribed disease: coal workers' pneumoconiosis	□legionellos is						
		(iii) should seek further advice as to the treatment/management of their med condition from their treating medical practitioner	dical						
	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 practition							
	Not A	pplicable							
	g)	Recommended date of next health assessment Date	By 05/02/2023, next routine CBM						



4.3 Fitness for duty

	a)	As at the date of this examination, the coal mine worker:							
		☐ Is fit to undertake any position	Is suitable for and has no condition which precludes participation in mines rescue						
		Is fit to undertake the proposed / current position	Not			cal Guidelines			
		1		Not Applicable For Queensland Mines Rescue Service personnel / applicants only.					
		6							
		necessary, outline a management program)	osition subject to the following restriction(s)(if						
		Pending IS based CXR B reader report within							
		Pending Shased CXR B reader report within 6 months due to delay in US based reports						ξ.	
		☐ Is not fit to undertake the proposed / current position because of the following restriction(s):							
		~ <u>`</u>							
		The duration of the restriction is							
	b)	Is a subsequent assessment required?	\boxtimes	Yes	Date By	05/08/2018	3	☐ No	
		Matter(s) to be assessed	Pend	ing B reader	report				
4.4	Decla	ration	1/20) <u>.</u>					
a)		ninated medical adviser, I have explained the out ment to the coal mine worker	come	of the healt	h		Yes		No
b)	As nominated medical adviser, I have provided a copy of this report to the coal Medical Medica					No			
c)	c) The coal mine worker has given written consent for the nominated medical adviser Yes No provide an explanation of this report to the employer with the coal mine worker present							No	
Coal	miner v	vorker's declaration — I have been advised of	the out	come of th	is health a	ssessmept			
(Prac	tical cons	straints prevent this from being a compulsory item)					0.		
						Date	\mathcal{A}	BL	
NMA	's name	and address).				1	
Dr. N	lanu Nith	ianantha						•	
Provider No: 263194UJ		17							
Phor	ne: 07 49 8		F:						
Fax:	07 49 861	197				Date			
Practi	ce stamp								