

**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)	
e) Coal mine worker's proposed/current position	

**4.2 Respiratory 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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) <input type="checkbox"/> 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"/> coal workers' pneumoconiosis	<input type="checkbox"/> silicosis <input type="checkbox"/> legionellosis
(iii) <input type="checkbox"/> should seek further advice as to the treatment/management of their medical condition from their treating medical practitioner	
f) <input type="checkbox"/> 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	

**Not Applicable**

g) Recommended date of next health assessment	Date	By 05/02/2023, next routine CBM
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**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  
See Mines Rescue Medical Guidelines

Is fit to undertake the proposed / current position

**Not Applicable**

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)

- Pending US based CXR B reader report within 6 months due to delay in US based reports

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    Date By 05/08/2018     No

Matter(s) to be assessed

Pending B reader report

**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)

Date

**NMA's name and address**

Dr.  
Provider No:  
Phone:  
Fax: 0

Date

Practice stamp

NOT ACCEPTED - EXAMPLE DOCUMENT ONLY