



**Section 4 – Appointed Medical Adviser (AMA) to complete**

Health assessment report

**4.1 Coal mine worker (worker) details**

(a) Family name

(b) First name

(c) Middle name

(d) Date of birth

(e) Employer

(f) Name of mine

(g) Worker's proposed/current position

(h) Date of examination by EMO

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

(a) Date of the worker's previous respiratory function examination if known/applicable   No previous examination

(b) The worker has had a comparative assessment of their respiratory function  Yes  Unknown  No

*If No*

i. Was this the first or baseline assessment?  Yes  No

ii. Was a previous health assessment available for comparison?  Yes  No

(c) Date of the worker's most recent chest x-ray:

(d) Date of ILO classification by Lungscreen Australia   
NOTE: An ILO classification completed by University of Illinois at Chicago B-readers can be used for chest X-rays taken before 1 March 2019.

Family name	First name	Date of birth	Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- (e) I have reviewed the results of the worker whose name appears in section 4.1a (above), and the 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  Yes  No
- ii. 1. has been diagnosed with the following prescribed disease(s) by a respiratory physician following the Clinical Pathways Guideline:  chronic obstructive pulmonary disease  
 coal workers' pneumoconiosis  
 silicosis
2. has been diagnosed with legionellosis
3. has not been diagnosed with one of these diseases
- (f) I have advised the worker to seek further advice as to the treatment/management of their medical condition from their treating medical practitioner  Yes  No

### 4.3 Fitness for duty

- (a) Recommended date of next full periodic health assessment
- (b) The worker requires a subsequent assessment (review) before the next periodic health assessment  Yes  No
- NOTE: Subsequent assessment must be undertaken where practical vision or hearing test is recommended, or where repeat spirometry is necessary prior to next periodic health assessment, for AMA to consider test results.  
If Yes, answer*
- (c) Date of subsequent assessment
- (d) Matter(s) to be assessed at subsequent assessment

- (e) As at the date of this examination, the 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 not fit to undertake the proposed / current position because of the following restriction(s):

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.**

The duration of the restriction is:

Family name	First name	Date of birth	Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**4.4 Declaration**

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

**Worker's declaration — I have been advised of the outcome of this health assessment**

*(Practical constraints prevent this from being a compulsory item)*

Worker's signature ..... **Date**

**4.5 AMA details**

- (a) Date of examination
- (b) Name
- (c) Practice name
- (d) RSHQ registration number for AMA
- (e) Address
- (f) Telephone number
- (g) Email address

Practice stamp ..... **Date**  
AMA Signature

<b>Family name</b>	<b>First name</b>	<b>Date of birth</b>	<b>Employer</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>