



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 Examining Medical Officer (EMO)

4.2 Respiratory function and chest x-ray summary

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

(b) The coal mine worker has had a comparative assessment of their respiratory function Yes 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 coal mine 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.

(e) I have reviewed the results of the coal mine 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 Pathway:
 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

| Family name | First name | Date of Birth | Employer |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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):

The duration of the restriction is:

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.

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Form CMSHR 1 – Health assessment form – Section 1 (Employer to complete)

Version 6 – effective 10 August 2020

This form was approved by the chief inspector under section 281 of the *Coal Mining Safety and Health Act 1999*

Family name

First name

Date of Birth

Employer

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

(g) Email address

AMA's name and address

Practice stamp

AMA's Signature Date

Resources Safety & Health Queensland

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Family name

First name

Date of Birth

Employer