# Coal Mine Workers’ Health Scheme - Health Assessment Form

*Section 46 Coal Mining Safety and Health Regulation 2001 Form Number CMSHR 1*
*(Form approved by Chief Inspector under section 281 of the Coal Mining Safety and Health Act 1999)*

### Privacy Obligations

Health surveillance information is collected by the Department of Employment, Economic Development and Innovation for the purpose of identifying medical conditions or impacts on health resulting from exposure to chemical and physical agents in the coal mining industry. It is collected under the authority of Part 6 – Division 2 of the *Coal Mining Safety and Health Regulation 2001*.

The Department will not disclose this information to any person except in accordance with the Regulation. The Regulation requires that the identity of a coal mine worker is protected when information is disclosed for research purposes.

### Guidance Notes for completion of Health Assessment

#### Employer
- Must arrange for the Health Assessment of Coal Mine Worker.
- Must complete Section 1 on page 2 which includes informing the Examining Medical Officer or Nominated Medical Adviser if: a colour vision test is required; the worker is, or may be, exposed to dust (and therefore a chest x-ray is required); and the SEG (similar exposure group) of the worker.
- Must meet the cost of the Health Assessment.

#### Coal Mine Worker
- Must bring photo identification to have identity checked by the Examining Medical Officer.
- Must complete Section 2 on pages 2 to 3.
- In relation to Section 2 - Work History:
  - *if the coal mine worker is commencing work* – full work history must be provided; or
  - *if the coal mine worker is already employed in the industry* – only work history since last Health Assessment is required.
- Should request the Nominated Medical Adviser provide a copy of the Health Assessment Report and an explanation.

#### Examining Medical Officer/ Nominated Medical Adviser
- Must check photo identification provided by the Employee.
- Must review Section 1 and Section 2 (pages 2 to 3 with the coal mine worker and comment on any abnormality).
- Must complete Section 3 on pages 4 to 6.
- Must attach a separate statement if space on Form is insufficient.
- Must take advice from the employer on the requirements for a colour vision test and/or chest x-ray.
- Must not complete the “Section 4 Health Assessment Report” if not a Nominated Medical Adviser.
- Must, where appropriate, forward the completed Health Assessment Form (intact) to Nominated Medical Adviser.

#### Nominated Medical Adviser
- Must review Sections 1, 2 and 3.
- Must assess whether the Health Assessment provides adequate information to make a report on the fitness for duty of the coal mine worker.
- If the coal mine worker has an abnormal colour vision and/or hearing result affecting fitness for duty, a practical test should be arranged.
- Must complete “Section 4 Health Assessment Report”.
- Must provide an explanation of “Section 4 Health Assessment Report” to the Coal Mine Worker and, where practical, secure the signature of the Coal Mine Worker on the Health Assessment Report:
- Must provide a copy of “Section 4 Health Assessment Report” to:
  - the Coal Mine Worker at the address shown on page 2; and
  - the employer.
- Must forward a copy of the complete “Health Assessment Form” (all 7 pages) to the Health Surveillance Unit of the Department of Employment, Economic Development and Innovation.
- Must maintain secure records of the Health Assessment and associated documentation.

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**Coal Workers’ Health Scheme - Health Assessment Form**

Version date 270611

Approved by the Chief Inspector of Coal Mines under s281 of the Coal Mining Safety and Health Act (1999)
Section 1 – Employer to complete

Name of Nominated Medical Adviser

Employer

Coal Worker’s Position

Description:

<table>
<thead>
<tr>
<th>Generic SEG*</th>
<th>Company SEG**</th>
</tr>
</thead>
</table>

SEGs are groups of workers with similar exposure

* Generic SEG is sourced from the list provided by Safety & Health

** Company SEG is the employer SEG

(a) Is the coal mine worker at risk from dust exposure (X-ray needed)?
   - Yes
   - No

(b) Will the coal mine worker be working underground?
   - Yes
   - No

(c) Does the coal mine worker require colour discrimination?
   - Yes
   - No

(d) Is the worker at risk from occupational noise?
   - Yes
   - No

(e) Is the worker at risk from hazardous chemicals? (comment)
   - Yes
   - No

(f) Are there hazardous duties requiring a specific fitness assessment? (comment)
   - Yes
   - No

Comment

Section 2 – Coal Mine Worker to complete

2.1 Coal Mine Worker

(a) Family Name

(b) Date of Birth

(d) Male

(e) Female

(e) Telephone:

2.2 Work History (coal mine worker to refer to Guidance Notes on the coversheet)

<table>
<thead>
<tr>
<th>Year</th>
<th>From</th>
<th>To</th>
<th>Job Title or Description</th>
<th>Employer</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

2.3 Health-related History

(a) Have you previously had a medical examination under this scheme?
   - Yes
   - No

(b) If Yes, when was the last examination?

(c) Have you been admitted to a hospital or undergone surgery or an operation?
   - Yes
   - No

(d) Have you ever had an illness or operation that has prevented you from undertaking your normal duties for more than two weeks?
   - Yes
   - No

(e) Have you ever had an injury that has prevented you from undertaking your normal duties for more than two weeks?
   - Yes
   - No

(f) Are you taking any medication?
   - Yes
   - No

(g) Do you use hearing protection whilst in noisy areas?
   - Yes
   - No

(h) Do you currently smoke, or have you ever smoked?
   - Yes
   - No

(Supply details) START.............. STOP .............. TYPE ... ... ............ QUANTITY/ DAY ............

Examining Medical Officer’s comments on Questions 2.1 to 2.3
### 2.4 Have you ever suffered from, or do you now suffer from, any of the following?

| (a) Heart disease or heart surgery | Yes | No | (n) Diabetes | Yes | No |
| (b) Chest pain, angina or tightness in chest | Yes | No | (o) Sciatica, lumbago, slipped disc | Yes | No |
| (c) High blood pressure | Yes | No | (p) Neck injury or whiplash | Yes | No |
| (d) Asthma, bronchitis or other lung diseases | Yes | No | (q) Back or neck pain which has prevented you from undertaking full duties | Yes | No |
| (e) Abnormal shortness of breath or wheezing | Yes | No | (r) Knee problems, cartilage injury | Yes | No |
| (f) Deafness, loss of hearing or ear problems | Yes | No | (s) Fractures or dislocations | Yes | No |
| (g) Ringing noises in your ears | Yes | No | (t) Shoulder, knee or any other joint injury | Yes | No |
| (h) Other hearing difficulties | Yes | No | (u) Hernia | Yes | No |
| (i) Disease or disorder of the nervous system | Yes | No | (v) Arthritis or rheumatism | Yes | No |
| (j) Episodes of numbness or weakness | Yes | No | (w) Dermatitis, eczema, or skin problems | Yes | No |
| (k) Psychiatric illness | Yes | No | (x) Allergies | Yes | No |
| (l) Blackouts, fits or epilepsy | Yes | No | (y) Allergic reaction or reaction to chemicals or dust | Yes | No |
| (m) RSI, tenosynovitis, over-use syndrome or wrist strain | Yes | No |

### 2.5 Previous vaccinations and blood tests

| (a) When were you last immunised against Tetanus? | Year |
| (b) When were you last immunised against Hepatitis A? | Year |
| (c) When were you last immunised against Hepatitis B? | Year |
| (d) When was your last cholesterol test? | Year |

Examining Medical Officer’s comments on Questions 2.4, and 2.5

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

**Coal Mine Worker’s Declaration (to be witnessed by Examining Medical Officer)**

I certify to the best of my knowledge that the above information supplied by me is true and correct. I understand that if any of the information given is knowingly false, my employment may be terminated.

Signature .................................................................................................................. Date / /

Witness .................................................................................................................. Date / /