

CMSHR 1 – Health assessment form

Section 46A, Coal Mining Safety and Health Regulation 2001

Full name (given name(s) and family name)

Date of birth

Instructions for completing health assessment

Employer

- Must arrange for the health assessment of the coal mine worker (the worker) and meet the cost of the assessment.
- Must complete section 1, including relevant [generic similar exposure group](#) (SEG) and dates of last respiratory function and chest x-ray examinations for current workers (employer must make all reasonable attempts to obtain these dates).

Coal mine worker

- Must bring photo identification to have identity checked by the examining medical officer (EMO).
- Must complete section 2 of this form, including work history as follows:
 - **if the coal mine worker is commencing work in the industry** – must provide full previous work history; or
 - **if the coal mine worker is already employed in the industry** – must provide work history since last health assessment.
- Must attach a separate statement if space on form is insufficient (e.g. for work history).

Examining medical officer / nominated medical adviser

- Must check photo identification provided by the worker.
- Must review sections 1 and 2 of this form, noting (and taking advice from employer) if the worker requires colour vision test, chest x-ray examination, etc. (Note - a respiratory function examination should be undertaken at every routine periodic health assessment).
- Must review/complete section 2 of this form (with the worker as required and comment on any abnormality).
- Must ensure standardised respiratory symptoms questionnaire is administered in accordance with the [instructions](#) for interviewers approved by the British Medical Research Council's Committee on Environment and Occupational Health
- Must ensure (a) spirometry is performed by a qualified and competent person to the standard outlined in the [Queensland Health: Spirometry \(Adult\) Guideline](#) and (b) a copy of the spirometry report and spirograph is submitted to the nominated medical adviser (NMA) (if not the NMA).
- Must ensure the chest x-ray request form clearly states the subject is a coal mine worker and the image is required to be examined by a radiologist listed on the [RANZCR Register](#) in accordance with the [Guidelines for the Use of the ILO International Classification of Radiographs of Pneumoconiosis](#).
- Must complete section 3 of this form.
- Must attach a separate statement if space on form is insufficient.
- Must **not** complete section 4 if not the NMA.
- Must, where appropriate, forward the completed health assessment form (with all sections intact) to the NMA (if not the NMA).

Nominated medical adviser

- Must review sections 1, 2 and 3 of this form.
- Must submit a copy of the digital chest x-ray image file (DICOM), x-ray report, International Labour Organization (ILO) classification form and two-reader process consent form to the Department's Health Surveillance Unit (HSU) prior to completing section 4. (HSU will arrange a further ILO classification (i.e. second reading) by the University of Illinois and then forward results to the NMA).
- Must complete section 4 following the second reading.
- Must arrange appropriate additional testing if the worker has abnormal respiratory function or chest x-ray examination results.
- Must arrange appropriate practical testing if the worker has an abnormal colour vision or hearing results affecting "fitness for duty".
- Must assess whether the assessment provides adequate information to complete section 4 on the fitness for duty of the worker.
- Must provide an explanation of section 4 to the worker and, where practical, secure the signature of the worker on the report.
- Must provide a copy of section 4 to (a) the worker at the address shown on page 2 of this form; and (b) the employer.
- Must forward a copy of the completed health assessment form (with all sections intact), the original x-ray image (if taken) and the spirometry report (including the spirometer graphs) to the HSU.
- Must keep the data on which the assessment was based and a copy of the approved form completed for the assessment.

Privacy statement

The Department of Natural Resources and Mines (the Department) is collecting the information on this form for the purpose of identifying and monitoring medical conditions or impacts on health resulting from exposure to chemical and physical agents in the coal mining industry as authorised under Chapter 2, Part 6, Division 2 of the *Coal Mining Safety and Health Regulation 2001* (the Regulation). Information collected in this form is routinely provided to the nominated medical advisor for the purpose of facilitating/undertaking a health assessment of the worker and to the University of Illinois at Chicago, USA for the purpose of a further ILO classification (by completing this form, you agree to this transfer). The nominated medical adviser may provide all or some of the information to an examining medical officer for the purpose of undertaking all or part of a health assessment. The nominated medical adviser will disclose the information in section 4 of this form (the health assessment report) to the worker's employer. The Department may disclose information included in this form for research purposes only if the identity of the worker is protected. The Department will not disclose the worker's personal information to any other parties unless authorised or required by law.

Section 1 – Employer to complete

1.1 Employment details

- a) Employer
- b) Address
- c) Telephone
- d) Mine (e.g. Southern Colliery)
- e) Name of employer's nominated medical adviser (NMA)
- f) Person's/coal mine worker's proposed/current position
- g) Person's proposed/coal mine worker's current generic similar exposure group (SEG)¹
- h) Date of coal mine worker's last respiratory function examination² (if known)
- i) Date of coal mine worker's last chest x-ray examination² (if known)

1.2 Reasons for health assessment and matters to be assessed

- a) Person is to be employed as a coal mine worker (pre-employment health assessment)
- b) Nominated medical adviser considers the assessment is necessary after being given a notice under section 49(3)
- c) Nominated medical adviser has decided that a periodic assessment is required
- d) Nominated medical adviser has advised that the person/worker undergo a subsequent assessment for a particular matter identified by a previous assessment
- e) Does the coal mine worker require colour discrimination? Yes No
- f) Is the worker at risk from occupational noise? Yes No
- g) Is the worker at risk from hazardous chemicals? (If 'yes' provide comment below) Yes No
- h) Are there hazardous duties requiring a specific fitness assessment? (comment) Yes No

Employer's comments _____

1.3 Requirement for respiratory function and chest x-ray examinations

- a) Person is to be employed as a coal mine worker (pre-employment)
- b) Person is employed as an aboveground worker (required at least every 10 years)
- c) Person is, or was, employed as an underground worker (required at least every 5 years)

¹ The generic SEG is sourced from the list provided in the Mines Inspectorate [similar exposure group factsheet](#).

² The dates for these examinations may be obtained by contacting the HSU via email to HSU@dnrm.qld.gov.au

Section 2 – Coal mine worker to complete

2.1 Coal mine worker’s details

a) Family name

Given name(s)

b) Date of birth

c) Gender Male Female

d) Address

e) Telephone

f) Email

2.2 Work history

Year		Employer	Mine	Surface or underground	Position (job title)	Country/State
From	To					

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 use respiratory protection whilst in dusty areas? Yes No

Examining medical officer’s comments _____

3.10 Respiratory function examination

3.10.1 Standardised respiratory symptoms questionnaire

The below questionnaire must be administered in accordance with the [instructions](#) approved by the British Medical Research Council's Committee on Environment and Occupational Health. The actual wording of each question must be used. Tick 'Yes' or 'No', or put other codes as indicated in boxes. When in doubt record as 'No'.

Preamble

I am going to ask you some questions, mainly about your chest. I'd like you to answer 'Yes' or 'No' whenever possible.

Cough

1. Do you usually cough first thing in the morning in the winter? Yes No
2. Do you usually cough during the day – or at night – in the winter? Yes No

If 'Yes' to 1 or 2

3. Do you cough like this on most days for as much as three months each year? Yes No

Phlegm

4. Do you usually bring up any phlegm from your chest first thing in the morning in winter? Yes No
5. Do you usually bring up any phlegm from your chest during the day – or night – in winter? Yes No

If 'Yes' to 4 or 5

6. Do you bring up phlegm like this on most days for as much as three months each year? Yes No

Periods of cough and phlegm

- 7a. In the past three years have you had a period of (increased) cough and phlegm lasting for three weeks or more? Yes No

If 'Yes'

- 7b. Have you had more than one such period? Yes No

Breathlessness

If the subject is disabled from walking by any condition other than heart or lung disease, omit question 9 and enter 'Yes' here.

- 8a. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? Yes No

If 'Yes'

- 8b. Do you get short of breath walking with other people of your own age on level ground? Yes No

If 'Yes'

- 8c. Do you have to stop for breathe when walking at your own pace on level ground? Yes No

Wheezing

9. Have you had attacks of wheezing or whistling in your chest at any time in the last 12 months? Yes No

- 10a. Have you ever had attacks of shortness of breath with wheezing? Yes No

If 'Yes'

- 10b. Is/was your breathing absolutely normal between attacks? Yes No

11. Have you at any time in the last 12 months been woken at night by an attack of shortness of breath? Yes No



Chest illnesses

12a. During the past three years have you had any chest illness which has kept you from your usual activities for as much as a week? Yes No

If 'Yes'

12b. Did you bring up more phlegm than usual in any of these illnesses? Yes No

If 'Yes'

12c. Have you had more than one illness like this in the past three years? Yes No

Past illnesses

13. Have you ever had, or been told that you have had:

- a) An injury affecting your chest? Yes No
- b) Heart trouble? Yes No
- c) Bronchitis? Yes No
- d) Pneumonia? Yes No
- e) Pleurisy? Yes No
- f) Pulmonary tuberculosis? Yes No
- g) Bronchial asthma? Yes No
- h) Other chest trouble? Yes No
- i) Hay fever? Yes No

Tobacco smoking

14a. Do you smoke? Yes No

If 'No'

14b. Have you ever smoked as much as one cigarette a day (or one cigar a week or 28 grams of tobacco a month) for as long as a year? Yes No

If 'No' to both parts of question 14, omit remaining questions on smoking.

15a. Do (did) you inhale the smoke? Yes No

If 'Yes'

15b. Would you say you inhaled the smoke slightly (= 1), moderately (= 2), or deeply (= 3)?

16. How old were you when you started smoking regularly?

17a. Do (did) you smoke manufactured cigarettes? Yes No

If 'Yes'

17b. How many do (did) you usually smoke per day on weekdays?

17c. How many per day at weekends?

17d. Do (did) you usually smoke plain (= 1) or filter tip (= 2) cigarettes?

17e. What brands do (did) you usually smoke?

18a. Do (did) you smoke hand-rolled cigarettes? Yes No

If 'Yes'

18b. How much tobacco do (did) you usually smoke per week in this way (in grams)?



18c. Do (did) you put filters in these cigarettes?

Yes No

19a. Do (did) you smoke a pipe?

Yes No

If 'Yes'

19b. How much pipe tobacco do (did) you usually smoke per day (in grams)?

20a. Do (did) you smoke small cigars?

Yes No

If 'Yes'

20b. How many of these do (did) you usually smoke per day?

21a. Do (did) you smoke cigars?

Yes No

If 'Yes'

21b. How many of these do (did) you usually smoke per week?

For present smokers

22a. Have you been cutting down your smoking over the past year?

Yes No

For ex-smokers

22b. When did you give up smoking altogether?

Examining medical officer's comments

3.10.2 Examination of chest

Auscultation

Normal Abnormal

Examining medical officer's comments

3.10.3 Spirometry

Spirometry must be performed by a qualified and competent person to the standard outlined in [Queensland Health: Spirometry \(Adult\) Guideline](#). Submit a copy of the spirometry report and spirograph with this health assessment.

Date of spirometry examination

Spirometry results	Observed		Predicted		Observed/Predicted (%)	
FEV₁ (litres)	(a)		(d)		(g)	
FVC (litres)	(b)		(e)		(h)	
FEV₁ / FVC (%)	(c)		(f)			

(i) Is FEV₁ / FVC < 70%? Yes No

(j) Overall spirometry result Normal Abnormal

Examining medical officer's comments



3.10.4 Comparative assessment

- a) Was a comparative assessment of one or more previous examinations conducted? (If 'No' explain reason in comments section) Yes No
- b) Results of respiratory function examination Normal Abnormal

Examining medical officer's comments _____

NOTE: The nominated medical adviser is to arrange additional testing for abnormal respiratory function examination results

- c) Was person referred for laboratory lung function test? (attach test report) Yes No
- d) If 'Yes', what was the outcome of the laboratory lung function test Normal Abnormal
- e) Overall respiratory function result Normal Abnormal

Examining medical officer's comments _____

3.11 Chest x-ray examination

Examining medical officer must ensure the x-ray request form clearly states the subject is a coal mine worker and the image is required to be examined by a radiologist listed on the [RANZCR Register](#) in accordance with the [Guidelines for the Use of the ILO International Classification of Radiographs of Pneumoconiosis](#).

3.11.1 Chest x-ray details

- a) Was a chest x-ray carried out? (If 'Yes' if attach the x-ray report, if 'No' explain reason in comments below) Yes No
- b) Date of chest x-ray examination
- c) ILO classification form (for first reading) completed and attached? (If 'No' explain reason in comments below) Yes No

Examining medical officer's comments _____

NOTE: The nominated medical adviser is to arrange additional testing for abnormal chest x-ray examination results.



- d) Was person referred for a high resolution CT scan?
(If 'Yes', attach HRCT scan report) Yes No
- e) Was person referred to specialist physician? (If 'Yes', attach specialist's report) Yes No
- f) Was a prescribe disease detected? (If 'Yes', include finding in section 4) Yes No
- g) Has the department's occupational physician been notified? Yes No

Examining medical officer's comments _____

3.12 Musculo-skeletal system

- | | Abnormal | Normal |
|--|--------------------------|--------------------------|
| (a) <u>Lower back</u> | | |
| (i) Range of movement | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Posture and gait | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Straight leg raising | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) <u>Neck</u> – range of movement | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) <u>Joint movements</u> | | |
| (i) Upper Limbs | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Lower Limbs | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Reflexes | <input type="checkbox"/> | <input type="checkbox"/> |

3.13 Urinalysis and Blood Sugar

- | | Present | Absent |
|-------------------------------------|--------------------------|--------------------------|
| (a) Sugar | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Protein/albumin | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Blood | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Blood sugar analysis (optional) | <input type="checkbox"/> | <input type="checkbox"/> |

3.14 Abdomen

- | | | |
|---------------------|--------------------------|--------------------------|
| (a) Abdominal scars | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Abdominal mass | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Hernia | <input type="checkbox"/> | <input type="checkbox"/> |

3.15 Skin

- | | | |
|--------------------------------------|--------------------------|--------------------------|
| (a) Eczema, dermatitis or allergy | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Skin cancer or other abnormality | <input type="checkbox"/> | <input type="checkbox"/> |

Examining medical officer's comments _____

3.16 Is the coal mine worker's fitness for duty is likely to be affected by any of the following?

- (a) Dietary Habits Yes No
- (b) Exercise routine Yes No
- (c) Stress Level Yes No
- (d) Alcohol Consumption Yes No
- (e) Drugs or medication not prescribed by a doctor Yes No



3.17 Is there any reason why the coal mine worker may be not fit for duty in relation to work

- | | | |
|---|------------------------------|-----------------------------|
| (a) As an operator of (or working around) around heavy vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Underground (including use of self-rescue breathing devices and escape) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Shift work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Performing heavy manual handling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) In wet or muddy conditions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) In dusty conditions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) At height or on ladders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) In confined spaces | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) While wearing safety footwear or other personal protective equipment such as ear plugs, glasses and respirators | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (j) Another capacity – define | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Examining medical officer's comments _____

<p>Examining medical officer's name and address</p> <p>Please print or stamp</p>	<p>Signature</p> <p>Date / /</p>
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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

b) Date of the coal mine worker's last respiratory function examination

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

Name of radiologist and practice

Date of US based x-ray review (second reading)

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) 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: chronic obstructive pulmonary disease silicosis coal workers' pneumoconiosis legionellosis

(iii) should seek further advice as to the treatment/management of their medical condition from their treating medical practitioner

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 practitioner

g) Recommended date of next health assessment

4.3 Fitness for duty

a) As at the date of this examination, the coal mine 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 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.

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 / /

No

Matter(s) to be assessed

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)

Coal mine worker's signature

Date / /

NMA's name and address

Practice stamp

.....
 NMA's Signature

Date / /