



## Request: Release of coal mine worker's health records

### Instructions

Completion of this form is required to access a coal mine worker's medical records from the Health Surveillance Unit (HSU). Medical Records will be released in accordance with the confidentiality provisions of the Coal Mining Safety and Health Regulation 2017. Further information may be found on the [Queensland Government website](#).

All requests for a coal mine worker's medical records must include their full name and date of birth. Requests for full medical records must be accompanied by formal identification documentation. Requests which fail to meet this criteria will not be processed. Please allow 5 business days for eligible requests to be processed.

### Where to submit completed forms

- Appointed medical advisers (AMAs): HSU AMA portal
- Coal mine worker/ Legal delegated authority: [HSU@rshq.qld.gov.au](mailto:HSU@rshq.qld.gov.au)

### For assistance

- General enquiries: HSU Hotline 07 3818 5420
- AMA Portal: Administration support 07 3096 6852

Date of request: \_\_\_\_\_

### Coal mine worker details

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred name (if applicable): \_\_\_\_\_

Date of birth: \_\_\_\_\_

### Requesting Party

Coal mine worker

Appointed Medical Adviser (AMA)

Examining Medical Officer (EMO)

Doctor's name: \_\_\_\_\_

Medical centre's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Legally delegated representative

Legal delegate's name: \_\_\_\_\_

Relationship to worker: \_\_\_\_\_

Signature: \_\_\_\_\_

Other party (specify) \_\_\_\_\_

Signature: \_\_\_\_\_

### Medical records requested

Unless an approximate date of record is stated, HSU will issue the most recently processed available record.

It is the AMA's responsibility to determine if recent examinations and reports can be used for a worker's health assessment. Coal mine workers must undergo all examinations at least once every five years.

<input type="checkbox"/> Previous spirometry results Approx. date of record: _____ <input type="checkbox"/> Most recent <i>Coal mine worker consent is not required for AMAs and EMOs requesting this record for the purpose of carrying out a health assessment.</i>
<input type="checkbox"/> Previous dual read CXR results Approx. date of record: _____ <input type="checkbox"/> Most recent <i>Coal mine worker consent is not required for AMAs and EMOs requesting this record for the purpose of carrying out a health assessment.</i>
<input type="checkbox"/> Full health assessment <i>Coal mine worker consent is mandatory (refer to section 52 of the Coal Mining Safety and Health Regulation 2017. Please ensure given consent is given below.</i> Approx. date of record: _____ <input type="checkbox"/> Most recent
<input type="checkbox"/> Section 4 only <i>Coal mine worker consent is mandatory (refer to section 52 of the Coal Mining Safety and Health Regulation 2017. Please ensure consent is given below.</i> Approx. date of record: _____ <input type="checkbox"/> Most recent
<input type="checkbox"/> Full medical history <i>Coal mine worker consent is mandatory (refer to section 52 of the Coal Mining Safety and Health Regulation 2017. Please ensure consent is given below.</i>

### Coal mine worker consent

I, (full name) \_\_\_\_\_ with date of birth \_\_\_\_\_

consent to the Chief Executive Officer of Resources Safety and Health Queensland releasing the above medical records to the person identified above as the *Requesting Party*. I have provided formal documentation to verify my identity.

\_\_\_\_\_  
*Signature of coal mine worker*

\_\_\_\_\_  
*Date*