



Completion of this form is required to access a coal mine worker's medical records from the Health Surveillance Unit (HSU). Medical records are 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](#). Requests for a coal mine worker's medical records must include full name and date of birth. Records held under a different name require submission of documentation linking the current name to the former name. Requests failing to meet the criteria will not be processed. Eligible requests may take between 5 – 10 business days to process, depending on the nature of the request.

**DETAILS OF REQUEST**

**Coal mine worker identification details**

Full Name:

Date of Birth:

If applicable, name specified on record/s: (e.g. records specifying a different name than that stated above e.g. maiden name, alias)

Email address:

Contact number:

**Applicant** (tick relevant box)

Coal mine worker (includes former workers)

Appointed Medical Adviser (AMA)

Examining Medical Officer (EMO)

Doctor: \_\_\_\_\_

Medical centre: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact #: \_\_\_\_\_

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

Appropriate Doctor for mineral mine or quarry worker assessment (requires worker consent)

Doctor: \_\_\_\_\_

Medical centre: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact #: \_\_\_\_\_

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

Other party

Name: \_\_\_\_\_

Organisation (e.g. WorkCover, legal firm): \_\_\_\_\_

Email address: \_\_\_\_\_

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

**SUBMITTING YOUR REQUEST:**

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

**FOR ASSISTANCE:**

**General enquiries:** [HSU@rshq.qld.gov.au](mailto:HSU@rshq.qld.gov.au)  
**Telephone:** 07 3818 5420

## MEDICAL RECORDS REQUEST

Coal mine worker consent is mandatory prior to the release of records unless the information is required for the purpose of a comparative assessment/review for a health assessment completed under the Coal Mine Workers' Health Scheme. Where consent is required, proof of identity from the coal mine worker must be provided. Acceptable identity documents include a current driver's licence and/or passport.

It is the AMA's responsibility to determine if recent examinations and reports can be used for a worker's health assessment. Please note only the section 4 of the [health assessment report](#) and the [exit assessment report](#) are required to be provided to the employer by the AMA.

Worker consent and proof of identity is always required when records are being requested to complete respiratory health surveillance for mineral mines and/or quarries.

### Records for comparative assessment (Requires worker consent if needed for mineral mine or quarry respiratory health surveillance)

Spirometry report Approximate date(s) of record(s): \_\_\_\_\_

Dual read CXR report Approximate date(s) of record(s): \_\_\_\_\_

*NB: Unless a specific date of report is requested, HSU will release the latest record held*

### Latest record (\*Requires worker consent)

\*Full health assessment (includes medical reports e.g. spirometry, dual read CXR report [where available])

\*Section 4 only

*NB: HSU will release the latest record held*

### Multiple records (\*Requires worker consent)

\*Full medical history

\*Multiple health assessments Dates of records: \_\_\_\_\_

*NB: Please allow 10 business days for collation of multiple records*

To protect privacy, appropriate evidence of identity and authorisation is required prior to the release of medical records. A legible copy of the worker's driver's licence or passport is sufficient and must accompany this application.

## COAL MINE WORKER AUTHORISATION

I, (full name) \_\_\_\_\_ (date of birth) \_\_\_\_\_ authorise the Chief Executive Officer of Resources Safety and Health Queensland to release the nominated medical records to the representative identified. I have provided formal documentation as verification of my identity.

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

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

### HSU Administration use only

Identity unable to be confirmed

Dual read unavailable

Authorisation insufficient

Spirometry unavailable

Duplicate request

No record/s held by HSU

Refer to explanatory email

No previous record/s held by HSU