

Section 2 – Coal mine worker to complete

2.1 Coal mine worker's details

(a) Family name

(b) First name

(c) Middle name

(d) Previous names
(if changed since last health assessment)

(e) Date of birth

(f) Sex Male Female Other

(g) Gender Male Female Other

(h) Home address

(i) Postal address
(if different to home address)

(j) Telephone / mobile number

(k) Email address

(l) Medicare number

Individual reference number
(number is located next to each name on Medicare card)

coal mine worker is not enrolled in Medicare

2.2 Position requirements or hazard exposures

Does Section 1.5 of this form include all the requirements and hazard exposures for your current/proposed position?

Yes No

If No, outline the additional requirements/exposures

2.3 Work history

(a) Have you ever worked at a coal mine?

Yes No

If Yes, answer (b) to (g); if No, go to (h)

(b) When did you first start work in the coal mining industry?

i. Started work underground

ii. Started work aboveground

(c) How many total years have you worked in the coal mining industry?

i. Underground

ii. Aboveground

(d) How many years have you worked at the face?

(e) How many total years have you worked at your current mine?

(f) i. Do you wear a respirator at work (excluding self-rescue breathing devices)?

Yes No

If Yes, answer

ii. What type (*mark all that apply*)

a. Dust mask (disposable)

b. Half-face mask (other than disposable)

c. Full-face

d. Powered air-purifying hood/helmet

(g) Previous coal mine position(s)

Position	Mine name (and State/ Country if not Queensland)	Employer's business or trading name	Employer type	Start year/End year	Coal mine type and work location
			<input type="checkbox"/> Mine operator <input type="checkbox"/> Contractor to mines <input type="checkbox"/> Supplier to mines <input type="checkbox"/> Labour hire		<input type="checkbox"/> Underground – face <input type="checkbox"/> Underground – non-face <input type="checkbox"/> Underground – surface <input type="checkbox"/> Aboveground
			<input type="checkbox"/> Mine operator <input type="checkbox"/> Contractor to mines <input type="checkbox"/> Supplier to mines <input type="checkbox"/> Labour hire		<input type="checkbox"/> Underground – face <input type="checkbox"/> Underground – non-face <input type="checkbox"/> Underground – surface <input type="checkbox"/> Aboveground
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(h) Have you ever worked in any mine other than a coal mine?

Yes No

If Yes, answer i to ii; if No, go to (i)

i. Minerals mines

a. Years underground

b. Years aboveground

ii. Quarries

a. Years

(i) Have you ever worked for more than one year in any other dusty job that may have exposed you to a respiratory hazard (e.g. dust or diesel)?

Yes No

If Yes, answer i to vi

i. Years working with asbestos, vermiculite or talc

ii. Years tunnelling, drilling, sandblasting

iii. Years in road construction, jack hammering, or using masonry saw

iv. Years in foundry, pottery or abrasives manufacture

v. Years welding, cutting or grinding metals

vi. Years in other dusty job(s)

Please specify jobs (e.g. agriculture, farming, textiles, forestry)

2.4 Health-related history

(a) Have you previously had a medical examination under this scheme?

Yes No

If Yes, answer

(b) In what year was your 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

EMO's comments

2.5 Have you ever suffered from, or do you now suffer from, any of the following?

- | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| (a) Heart disease or heart surgery | <input type="checkbox"/> | <input type="checkbox"/> | (m) Sciatica, lumbago, slipped disc | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Chest pain, angina or tightness in chest | <input type="checkbox"/> | <input type="checkbox"/> | (n) Fractures or dislocations | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | (o) Neck injury or whiplash | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Deafness, loss of hearing or ear problems | <input type="checkbox"/> | <input type="checkbox"/> | (p) Back or neck pain which has prevented you from undertaking full duties | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Ringing noises (tinnitus) in your ears (now or in last month) | <input type="checkbox"/> | <input type="checkbox"/> | (q) Knee problems, cartilage injury | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Ringing noises (tinnitus) in your ears at any time since last health assessment | <input type="checkbox"/> | <input type="checkbox"/> | (r) Shoulder, knee or any other joint injury | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Disease or disorder of the nervous system | <input type="checkbox"/> | <input type="checkbox"/> | (s) Hernia | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Episodes of numbness or weakness | <input type="checkbox"/> | <input type="checkbox"/> | (t) Arthritis or rheumatism | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Psychiatric illness | <input type="checkbox"/> | <input type="checkbox"/> | (u) Eczema, dermatitis, skin allergy | <input type="checkbox"/> | <input type="checkbox"/> |
| (j) Blackouts, fits or epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | (v) Skin cancer | <input type="checkbox"/> | <input type="checkbox"/> |
| (k) RSI, tenosynovitis, over-use syndrome or wrist strain | <input type="checkbox"/> | <input type="checkbox"/> | (w) Other allergies | <input type="checkbox"/> | <input type="checkbox"/> |
| (l) Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | | | |

EMO's comments

2.6 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

EMO's comments

2.7 Coal mine worker privacy, consent and declaration

(a) Privacy statement

RSHQ is collecting your personal information, which forms part of your medical record, under the Coal Mining Safety and Health Regulation 2017 to identify and monitor medical conditions and improve health outcomes for current and future coal mine workers. By completing this form, you agree to the information you supply being given to medical experts for the purpose of completing your health assessments as required under the Coal Mine Workers' Health Scheme (the Scheme).

The AMA will disclose your information in Section 4 of this form to your employer.

RSHQ may also disclose your information for research purposes if approved by an ethics committee, or to the extent necessary to carry out an assessment (including an audit) or review. RSHQ will not otherwise disclose your information unless authorised or required by law.

(b) Consent to disclose personal and medical information for auditing and review

To ensure the effectiveness and quality of health assessments, RSHQ may need to disclose your personal information and medical records to third parties for review and audit. These third parties may be located in Australia or overseas, and will be bound by contractual arrangements which protect your information in accordance with the *Information Privacy Act 2009*.

For example, RSHQ may need to disclose your medical records to auditors to ensure examinations are completed correctly, such as:

- to check chest x-ray images are examined in accordance with the ILO International Classification of Radiographs of Pneumoconioses
- that the Standards for the Delivery of Spirometry for coal mine workers are followed in performing spirometry tests
- that clinical and administrative decisions are complete and accurate, including that any follow-up investigations are undertaken as per the Clinical Pathways Guidelines.

Your records will only be accessed by the relevant third party for the purpose of the review or audit, and no identifiable data will be published. The third party will not keep your records once their work is complete.

The results will be returned to RSHQ, who may inform the following persons of the results:

- your AMA or other referring medical practitioner; and/or
- medical practitioners involved in providing services for your health assessment.

The results may only be shared with other parties, for example coal mine worker employers and worker representatives, if the results are in a de-identified format. Your personal information and medical records will not be disclosed for other purposes without your consent unless if authorised or required by law.

Your participation will ensure the Scheme protects workers from adverse health effects of mining hazards, and help with the early detection of coal mine dust lung disease.

Please tick the relevant box below to indicate your participation:

I consent I do not consent

(c) **Coal miner worker's declaration** *(to be witnessed by EMO)*

I have considered the privacy statement and consent request, and certify to the best of my knowledge that the above information supplied by me is true and correct.

Signature	Date / /
Witness	Date / /