

Date

Health Surveillance Unit (HSU)  
Coal Mine Workers' Health Scheme  
Resources Safety and Health  
PO Box 467  
GOODNA QLD 4300

or email [HSU@dnrme.qld.gov.au](mailto:HSU@dnrme.qld.gov.au)

**1. Coal Mine Worker details:**

\_\_\_\_\_ Date of Birth:  
(Coal Mine Worker's full name)

\_\_\_\_\_  
(Employer) (most recent employer for former coal mine workers)

**2. Requesting Party:**

- a)  Appointed Medical Adviser (AMA)  Examining Medical Officer (EMO)

Doctor: \_\_\_\_\_  
(Name of Doctor) (Medical Centre)

\_\_\_\_\_  
(DNRME Registration Number)

- b)  Coal Mine Worker  
c)  Other (Please specify relationship to worker):

\_\_\_\_\_  
(Name of other party)

- d) Please forward the requested records to:

\_\_\_\_\_  
\_\_\_\_\_  
(Email address or postal address)

- e) Signature of requesting party:

\_\_\_\_\_

**3. Please identify the medical information that you require:**

- a)  Full medical assessment (Worker consent is required. Part 5 of this form must be completed)
- b)  Section 4 (Worker consent is required. Part 5 of this form must be completed)
- c)  Previous Spirometry results (including spirometry report)

**Reason:**

- To undertake a comparative lung function assessment for this person (Worker consent not required if request made by AMA or EMO)
- Other (Worker consent is required. Part 5 of this form must be completed)
- d)  Dual-read chest X-ray examination result (including ILO report)

**Reason:**

- Chest X-ray examination results may be appropriate to use as part of a current health assessment process (AMA to determine<sup>1</sup>) (Worker consent not required if request made by AMA or EMO)
- Other (Worker consent is required. Part 5 of this form must be completed)

**4. Date of health assessment from which medical information is sought:**

- Most recent health assessment (as held by DNRME)
- Other (please specify date):

**5. Coal Mine Worker Consent:**

I \_\_\_\_\_ Date of Birth: \_\_\_\_\_ consent to  
(First, middle & surname)

the Chief Executive of the Department of Natural Resources, Mines and Energy releasing the above medical records to the person identified in Part 2 of this form.

I have supplied photo identification for my signature verification:

- Current licence
- Passport
- Other

Yours sincerely

\_\_\_\_\_  
Signature of Coal Mine Worker

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<sup>1</sup> It is the AMA's responsibility to determine if a recent chest X-ray and report can be used for a worker's health assessment. This will depend on a number of factors, including the time elapsed since the most recent chest X-ray. Changes in a worker's health since their last health assessment may also necessitate a new chest X-ray.

Coal mine workers must have a chest X-ray examination at least once every five years, or more frequently as part of the health assessment process to manage the risk to a particular worker.