Health Surveillance (respiratory) assessment report
**(Copy to worker and SSE) August 2017 Version 1.0**

[**QGL02 Guideline for the Management of Respirable Crystalline Silica in Queensland Mineral Mines and Quarries**](https://www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/legislation-standards/recognised-standards)

## Medical Practitioner to complete

### Worker details

|  |  |
| --- | --- |
| Family name |  |
|  |
| Given name(s) |  |
|  |
| Date of birth |  |
|  |
| Employer |  |
|  |
| Mine / Quarry  |  |
|  |
| Worker’s proposed/current position |  |
|  |  |
| Date of medical examination*(DD/MM/YYYY)* |  |

### Respiratory Function and Examination and Chest x-ray summary

|  |  |
| --- | --- |
|  |  |
| Date of the worker’s previous respiratory function examination*(DD/MM/YYYY)*  |  |
|  |  |
| I have made a comparative assessment of their respiratory function | * Yes
 | * No
 |
|  |
| Date of the worker’s last chest x-ray examination  |  |
|  |  |
|  Name of radiologist and practice |  |
|  |  |
| I have reviewed the results of the worker whose name above, and  in my opinion this worker *(tick all boxes that apply):*  |
| * Has no evidence of adverse respiratory effects related to silica exposure
 |  |
| * Has evidence of respiratory disease that may be related to silica exposure
 |  |
| * Has been diagnosed with a prescribed respiratory disease (Schedule 1A of the Mining and Quarrying Safety and Health Regulation 2001)
 |  |
| * Has findings unrelated to silica exposure and I have advised that they follow up with their usual doctor.
 |  |
|  |
| It is my opinion that the worker *(tick all boxes that apply):* |
| * Is fit to undertake the proposed current position, including exposure to crystalline silica.
 |  |
| * Requires further investigation prior to a determination regarding fitness to work with crystalline silica being made:
 |  |
|  |
| * Is fit to undertake the proposed/ current position, including exposure to crystalline silica, with the following restrictions:
 |  |
|  |
| * Is unfit to work with crystalline silica.
 |  |
|  |  |
| I have explained the findings of this report to the worker |  |

## Appropriate doctor[[1]](#footnote-1) signature and date

|  |  |
| --- | --- |
| Date |  |
| Name  |  |
| Practice / contact details |  |

1. |  |  |
| --- | --- |
|  **Appropriate Doctor** | A doctor registered with the Australian Health Practitioner Regulation Agency (AHPRA) as a specialist in occupational medicine or have an Australian Qualifications Framework (AQF) Level 8 or above in occupational medicine. The appropriate doctor must have demonstrated knowledge of the risks associated with activities performed by the mine’s workers.  |

 [↑](#footnote-ref-1)