

CS Health

Linking health with industry

NSW Coal Industry Periodic Health Surveillance Assessment

CONSENT TO UNDERGO PERIODIC HEALTH SURVEILLANCE ASSESSMENT

Name: _____

Date of Birth: _____

I understand that I am required as part of my employment to have health surveillance assessments for the purpose of safeguarding my health & safety.

1) I consent to undergo a periodic health surveillance assessment with

Doctor's / Registered Nurse's name: _____

Practice name: _____

2) I understand that my medical records are managed according to strict legal and ethical guidelines. No specific detail concerning my medical conditions will be released to a third party without my written consent.

3) I understand that the assessing Doctor / Registered Nurse may communicate with my treating Doctor(s) regarding my medical condition, and may request relevant reports.

Doctor's name: _____

4) I consent to the assessing Doctor / Registered Nurse releasing my medical data to Coal Services Pty Limited for inclusion in the NSW coal mineworker's health database for the purpose of ongoing health surveillance.

Signed: _____

Date: _____

Name: _____

Photo ID

Type: _____

Number: _____

Witness: _____



Coal Services Pty Limited

Periodic Health Assessment

Medical history

Details of any significant operation or medical illness:

Previous injuries:

Medications:

Allergies:



Coal Services Pty Limited

Hazard Exposure

What hazards are you exposed to at work?

Physical:	Noise	Y	N	Sun and other UV-light	Y	N
	Whole body vibration	Y	N	Hand-arm vibration	Y	N
Dusts:	Coal	Y	N	Asbestos	Y	N
	Hard Rock (Silica)	Y	N			
Chemical:	Diesel exhaust	Y	N	Solvents	Y	N
	Oils	Y	N	Welding fume	Y	N
	Phenol	Y	N	Purisocyanate mixture	Y	N
	Other Chemical: _____					
Psycho Social:	Shiftwork	Y	N	Stress	Y	N

How often do you use the following items of personnel protective equipment?

	Sometimes	Mostly	Always	Never	Type (if known)
Respirator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hearing protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Long sleeves and pants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sun glasses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sun screen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Boots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Eye protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Do you have difficulty wearing personal protective or self rescue equipment? Y N

If yes, please give details: _____



Coal Services Pty Limited

Work related / skin disease

Do you currently have any skin problems or dermatitis? Y N If no, line of questioning ceases

Do you believe this skin trouble may be work related? Y N If no, line of questioning ceases

If yes, what do you think is the cause? _____

What kind of skin disease do you have?

Irritant contact dermatitis Allergic contact dermatitis

Fungal infection Eczema

Skin Cancer Uncertain

What site is involved?

Hands Feet Arms

Legs Trunk Face

Other

What skin hazards are you exposed to?

Sun or other UV light Solvents Other

Latex rubber Grout

Detergents Oil and greases

Comments: _____



Coal Services Pty Limited

Standardised Respiratory Questionnaire (if indicated)

Preamble:

I am going to ask some questions, mainly about your chest. I would like you to answer **Yes** or **No** whenever possible.

Use the actual wording of each question. When in doubt record answer as 'No'.

If the subject is disabled from walking from any condition other than heart or lung disease, please begin questionnaire at Question 5 and mark the adjacent box.

Breathlessness and Wheezing

During the last month

- | | | | |
|-----|--|---|---|
| Q1. | Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? | Y | N |
| | If Yes to Q1: | | |
| Q2. | Do you get short of breath walking with other people of your own age on level ground? | Y | N |
| Q3. | Do you have to stop for breath when walking at your own pace on level ground? | Y | N |
| Q4. | If you run or climb stairs fast do you ever | | |
| a. | cough? | Y | N |
| b. | wheeze? | Y | N |
| c. | get tight in the chest? | Y | N |
| Q5. | Is your sleep ever broken | | |
| a. | by a wheeze? | Y | N |
| b. | by difficulty in breathing? | Y | N |

If Yes to Q5 please record details of any occupational exposure to respiratory hazards?



Coal Services Pty Limited

- Q6. Do you ever wake up in the morning (or from your sleep if a shift worker)
- a. with a wheeze? Y N
 - b. with difficulty breathing? Y N

- Q7. Do you ever wheeze
- a. if you are in a smokey room? Y N
 - b. if you are in a very dusty place? Y N

If Yes to either Q4, Q5, Q6 or Q7:

- Q8. Are your symptoms better
- a. at weekends (or equivalent if a shiftworker) Y N
 - b. when you are on a holiday? Y N

Cough

- Q9. Do you usually cough first thing in the morning in winter? Y N
- Q10. Do you usually cough during the day - or at night - in winter? Y N

If Yes to Q9 or Q10:

- Q11. Do you cough like this on most days for as much as three months each year? Y N

Phlegm

- Q12. Do you usually bring up phlegm from your chest first thing in the morning in winter? Y N
- Q13. Do you usually bring up phlegm from your chest during the day - or at night - in winter? Y N

If Yes to Q12 or Q13:

- Q14. Do you bring up phlegm like this on most days for as much as three months of the year? Y N



Coal Services Pty Limited

Periods of coughing and phlegm

Q15. In the past 3 years, have you had a period of (increased) cough and phlegm lasting for three weeks or more? Y N

If Yes to Q15:

Q16. Have you had more than one illness like this in the past three years? Y N

Chest Illnesses

Q17. During the past 3 years, have you had any chest illness that has kept you from your usual activities for as much as a week? Y N

If Yes to Q17:

Q18. Did you bring up more phlegm than usual in any of these illnesses? Y N

If Yes to Q18:

Q19. Have you had more than one illness like this in the past three years? Y N

Q20. Have you ever had, or been told that you have had:

- | | | | |
|----|--|---|---|
| a. | An injury or operation affecting your chest? | Y | N |
| b. | Heart trouble? | Y | N |
| c. | Bronchitis? | Y | N |
| d. | Pneumonia? | Y | N |
| e. | Pleurisy? | Y | N |
| f. | Tuberculosis? | Y | N |
| g. | Bronchial asthma? | Y | N |
| h. | Other chest trouble? | Y | N |
| i. | Hay fever? | Y | N |



Coal Services Pty Limited

Q21. Do you smoke? Y N

If No to Q21:

Q22. Have you ever smoked as much as one cigarette a day for as long as one year? Y N

If No to Q21 or Q22, omit the remaining questions on smoking

Q23. How old were you when you started smoking regularly _____

Q24a. Do (did) you smoke manufactured cigarettes? Y N

If Yes to Q24a:

How many do (did) you usually smoke per day:

Q24b. On weekdays? _____

Q24c. On weekends? _____

Q25. Do you smoke any other forms of tobacco? Y N

Details: _____

For Ex-smokers

Q26. When did you give up smoking altogether? Month ____ Year ____



Coal Services Pty Limited

Musculoskeletal questionnaire

1. Do you work:

Underground

Outbye Face Surface

Do you wear a utility belt? Y N

What type of belt? _____

Is the belt comfortable? Y N

If no, could it be improved with:

Padding Shoulder straps Wider belt Other _____

Open Cut

Operator Driller Shotfirer Maintenance

Washery Technician Administrator Supervisor

2. Have you had any significant pain or discomfort during the last year that lasted for a week or longer? Y N

If No, finish questionnaire

If Yes, please indicate where: Neck Shoulder Wrist

Chest Upper Back Lower Back

Hips Knees Ankles

Other _____

3. Has the pain resolved? Y N

If No, go to Q4.

If Yes, go to Q6.



Coal Services Pty Limited

13. In your current role are you required to do the following?

Task	Never	Infrequent	Half the time	Frequently	Constantly
Lift objects over 20kg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drag hoses or cables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with your arms above chest height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive heavy plant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climb stairs, ramps, ladders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk on uneven ground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operate powered tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintain a fixed posture for extended periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use keyboards/screens for extended periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Are you exposed to vibration? Y N

If yes, which sources do you find most uncomfortable?

Heavy trucks	<input type="radio"/>	Dozers	<input type="radio"/>	Other heavy plant	<input type="radio"/>
Powered hand tools	<input type="radio"/>	Light transport vehicles	<input type="radio"/>	Fixed machinery	<input type="radio"/>
Other	<input type="radio"/>				

Comments _____



Coal Services Pty Limited

Epworth sleepiness scale

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling tired?

This refers to your usual way of life in recent times. Even if you haven't done some of the things recently, try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:

	Score 0	Score 1	Score 2	Score 3
	Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
Sitting and reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting inactive in a public place (e.g. cinema or in a meeting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being in a car for an hour as a passenger (without a break)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lying down to rest in the afternoon (where possible)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting and chatting to someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting quietly after lunch (not having had alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a car when you stop in traffic for a few minutes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Score: If your score is >15 refer to GP for assessment.

Has the miner been referred to his GP? Y N

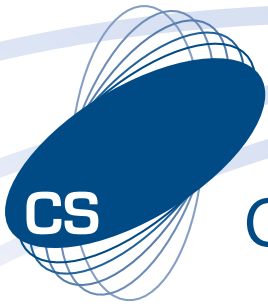
Comments



Coal Services Pty Limited

Alcohol Audit

	Score 0	Score 1	Score 2	Score 3	Score 4
	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
1. How often do you have a drink containing alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
2. How many standard drinks containing alcohol do you have on a typical day when drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
3. How often do you have six or more drinks on one occasion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. During the past year, how often have you found that you were unable to stop drinking once you had started?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. During the past year, how often have you failed to do what was normally expected of you because of drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. During the past year, how often have you had a feeling of guilt or remorse after drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. During the past year, have you been unable to remember what happened the night before because you had been drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Coal Services Pty Limited

K10 Questionnaire - Psychological Health

Please tick the answer that is correct for you:	All of the time (score 5)	Most of the time (score 4)	Some of the time (score 3)	A little of the time (score 2)	None of the time (score 1)
1. In the past 4 weeks, about how often did you feel tired out for no good reason?					
2. In the past 4 weeks, about how often did you feel nervous?					
3. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?					
4. In the past 4 weeks, about how often did you feel hopeless?					
5. In the past 4 weeks, about how often did you feel restless or fidgety?					
6. In the past 4 weeks, about how often did you feel so restless that you could not sit still?					
7. In the past 4 weeks, about how often did you feel depressed?					
8. In the past 4 weeks, about how often did you feel that everything was an effort?					
9. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?					
10. In the past 4 weeks, about how often did you feel worthless?					

If score is greater than 19, refer to GP for assessment.

Has miner been referred to his GP? Y N



Coal Services Pty Limited

Clinical Findings

Height _____ cm

Waist Measurement _____ cm

Weight _____ kg

Hip measurement _____ cm

BMI _____

Vision

Distance (Uncorrected) (L) ____ / ____ (R) ____ / ____ (Binocular) ____ / ____

(Corrected) (L) ____ / ____ (R) ____ / ____ (Binocular) ____ / ____

Near (Binocular) Uncorrected _____ Corrected _____

Colour Vision Ishihara Defect Y N

CVS

BP: Systolic ____ mmHg / Diastolic ____ mmHg

Rhythm N A

Pulse Rate _____

Character N A

Blood Glucose Level _____ mmol/L

Cholesterol _____ mmol/L

HDL Cholesterol _____ mmol/L

TC / HDL Ratio _____

Physical Activity

Do you participate in vigorous exercise outside work for more than 30 minutes and 4 times or more a week? Y N

Hernia: Y N

Urine:

Blood Neg Trace x xx xxx xxxx

Glucose Neg Trace x xx xxx xxxx

Protein Neg Trace x xx xxx xxxx

Diabetes: Y N

Comments: _____



Coronary Heart Disease

Risk Factor Prediction Chart

1. Find points for each risk factor

Age (if female)		Age (if male)		HDL - Cholesterol		Total Cholesterol		Systolic BP	
Age	Pts	Age	Pts	HDL-C	Pts	Total-C	Pts	SBP	Pts
30	-12	30	-2	0.65-0.68	7	3.60-3.99	-3	98-104	-2
31	-11	31	-1	0.69-0.75	6	4.00-4.30	-2	105-112	-1
32	-9	32-33	0	0.77-0.84	5	4.31-4.60	-1	113-120	0
33	-8	34	1	0.85-0.90	4	4.70-5.19	0	121-129	1
34	-6	35-36	2	0.91-0.99	3	5.20-5.69	1	130-139	2
35	-5	37-38	3	1.00-1.09	2	5.70-6.19	2	140-149	3
36	-4	39	4	1.10-1.19	1	6.20-6.79	3	150-160	4
37	-3	40-41	5	1.20-1.30	0	6.80-7.49	4	161-172	5
38	-2	42-43	6	1.31-1.43	-1	7.50-8.19	5	173-185	6
39	-1	44-45	7	1.44-1.56	-2	8.20-8.55	6		
40	0	46-47	8	1.57-1.70	-3				
41	1	48-49	9	1.71-1.89	-4				
42-43	2	50-51	10	1.90-2.07	-5				
44	3	52-54	11	2.08-2.25	-6				
45-46	4	55-56	12	2.26-2.49	-7				
47-48	5	57-59	13						
49-50	6	60-61	14						
51-52	7	62-64	15						
53-55	8	65-67	16						
56-60	9	68-70	17						
61-67	10	71-73	18						
68-74	11	74	19						

Other	Pts
Cigarettes	4
Diabetic-Male	3
Diabetic -Female	6
ECG-LVH	9
0 points for each NO	

2. Sum points for all risk factors

Age + HDL-C + Total C + SBP + Smoker + Diabetic + ECG_LVH

Note: Minus points subtract from total

TOTAL POINTS CARDIAC RISK SCORE

See next page for Probability Scores.



Coal Services Pty Limited

3. Look up risk corresponding to Cardiac Risk Score

Probability (%)			Probability (%)			Probability (%)			Probability (%)		
Pts	5yr	10yr	Pts	5yr	10yr	Pts	5yr	10yr	Pts	5yr	10yr
< 1	< 1	< 2	10	2	6	19	8	16	28	19	33
2	1	2	11	3	6	20	8	18	29	20	36
3	1	2	12	3	7	21	9	19	30	22	38
4	1	2	13	3	8	22	11	21	31	24	40
5	1	3	14	4	9	23	12	23	32	25	42
6	1	3	15	5	10	24	13	25			
7	1	4	16	5	12	25	14	27			
8	2	4	17	6	13	26	16	29			
9	2	5	18	7	14	27	17	31			

4. Compare to Average 10 year risk

Age	Probability (%)	
	Women	Men
30-34	< 1	3
35-39	< 1	5
40-44	2	6
45-49	5	10
50-54	8	14
55-59	12	16
60-64	13	21
65-69	9	30
70-74	12	24

Cardiac Risk Score:

For Cardiac Risk Score > 15: Clarify risk factors and correlate with clinical findings; provide a follow up plan such as GP or cardiologist referral where indicated; determine fitness for work

 N/A

For Cardiac Risk Score > 30: Unfit for all safety critical work pending cardiologist review

High Risk? Y N



Coal Services Pty Limited

Spirometry

Measured	FEV1 _____ litres	FVC _____ litres	<input type="text"/>
Predicted	FEV1 _____ litres	FVC _____ litres	<input type="text"/>
Percentage predicted	_____	_____	

Spirometry Result Normal Obstructive Restricted Mixed

Doctor to report (if CXR performed)

Is the chest xray normal?	Y	N	Pneumoconiosis grade (if known)	<input type="text"/>
If no, is the abnormality respiratory related?	Y	N		

If yes, is it related to:

Asbestos related dust disease	<input type="radio"/>	Silica related dust disease	<input type="radio"/>	Malignancy	<input type="radio"/>	Emphysema	<input type="radio"/>
Coal related dust disease	<input type="radio"/>	Fibrotic lung disease	<input type="radio"/>	Non-specific changes	<input type="radio"/>		

If no, is it related to:

Cardiac	<input type="radio"/>	Malignancy	<input type="radio"/>	Skeletal	<input type="radio"/>	Other	<input type="radio"/>
---------	-----------------------	------------	-----------------------	----------	-----------------------	-------	-----------------------

Comments _____



Coal Services Pty Limited

Audiometry Proforma

Relevant History _____

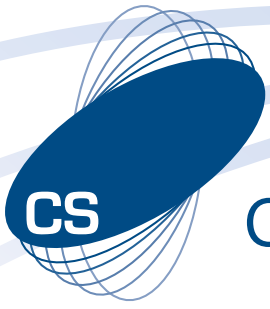
- 16 hrs pre quiet? Y N
- Recent ear and sinus infection? Y N
- TMs normal? Y N
- Is Tinnitus present now? Y N

Comments: _____

Hearing Loss

- Is the pattern of the audiogram consistent with noise induced hearing loss? Y N
- Is there any significant change in the loss since the last recorded audiogram? Y N

										Right/Left Loss	Binaural Loss
<input type="radio"/>	Right										<input type="text"/>
	Left										<input type="text"/>
<input type="radio"/>	Retest R										<input type="text"/>
	Retest L										<input type="text"/>



Coal Services Pty Limited

Conclusions

Referral notes

Doctor referred to: _____



Coal Services Pty Limited

Recommendations for review

Routine

Other

Examiner's declaration

I (insert name of examiner).....
a registered medical practitioner/nurse, certify that on (insert date).....
personally examined (examinee's name).....
and the information recorded above arose from that examination.

.....

Signature

--

Stamp