



NSW Coal Order 41

Preplacement Medical Assessment

March 2017

Order 41 information

NSW Coal Order 41 was approved by the NSW Government on 11 February 2011 to protect the health and safety of coal workers. Under the Order, employers of coal mine workers and operators must ensure that preplacement and periodic medical assessments are completed for their workforce.

All medical results obtained during these assessments are confidential and managed in accordance with Australian privacy laws. Data used by Coal Services to report health information for the benefit of the industry will be de-identified to ensure confidentiality.

The following is a generic template designed to assist providers to comply with the requirements of the Order 41 *Preplacement Medical Assessment*.

All testing must be completed and the paperwork submitted to Coal Services via the requesting employer within four weeks of the medical being finalised. Where information is incomplete, the medical will not be accepted and the paperwork will require resubmission after the incomplete areas have been addressed. Incomplete medicals do not comply with the requirements of Order 41 and place employers at risk of potential penalties.

Coal Services is required by legislation to enter all medical assessment information into the NSW coal industry database. However, Coal Services has no responsibility to ensure medical follow-up has been attended for any medical condition(s) that may have been identified during the assessment.

In the event that a medical condition has been identified as a high priority condition, Coal Services may follow up with the employee, the employer and the attending Medical Officer as a reminder only.

A copy of Order 41 can be found on the CS Health website: www.coalserviceshealth.com.au. It is recommended that you refer to the Order before commencing this medical.

Part A – Role requirements *(Employer to complete)*

1 Position details	
Medical Service Provider	
Employer	
Worker's position or role	
Operation site	
Worker's Similar Exposure Group (SEG)	

Employee <input type="checkbox"/>	Contractor <input type="checkbox"/>
-----------------------------------	-------------------------------------

CS Health assesses compliance according to the requirements of NSW Coal Order 41 (the Order), not the requirements of an individual site.

The Order defines a 'coal mine worker' as 'a person working on coal extraction and/or treatment of coal at a coal operation'.

If you determine that your employee is not a 'coal mine worker' as defined above, you are not required to comply with the Order. However, CS Health recommends you confirm individual site requirements as you may be obliged to comply.

Will the worker be exposed to dust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the worker be working underground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the worker be required to visually discriminate colour?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the worker be exposed to occupational noise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the worker be exposed to hazardous substances? <i>(Include comments)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

Part B – Personal details and consent *(Examinee to complete)*

Name			
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
Treating doctor			
Position			
Employer			
Date			

1. I consent to undergo a preplacement medical assessment for the above-stated employer.
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 may communicate with my treating Doctor(s) regarding my medical condition(s) and may request relevant reports.
4. I consent to the assessing Doctor releasing my medical data to Coal Services Pty Limited for inclusion in the NSW coal mineworkers' health database for the purpose of ongoing health surveillance.
5. In the event that a medical condition requiring follow-up has been identified during this assessment, I consent to Coal Services contacting me for the purpose of a reminder. In the event that a Coal Services Chief Medical Officer considers an identified condition to be a priority health issue for the NSW Coal Industry, I understand that further information may be requested.

Signed	Name	Date

Photo ID		
Type	Number	Witness signature

Name:	Date of Birth:
-------	----------------

Part C – Health assessment *(Doctor to complete)*

2 Employment history

2a – Work history

--

2b – Workers Compensation claims

--

3 Medical history

3a – Details of any injury, operation or medical illness

--

3b – Medications

--

3c – Allergies

--

Name:	Date of Birth:
-------	----------------

4 Alcohol

How many standard drinks would you consume on average per week? <i>(one standard drink = 10 grams)</i>		=	grams
---	--	---	-------

Comments:

Were you ever a 'regular' drinker? (>500gm/week)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Comments:

5 Physical activity

Do you participate in vigorous exercise outside of work for more than 30 minutes and four times per week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Comments:

6 Standardised Respiratory Questionnaire *(Doctor or Nurse to complete)*

Preamble:

I am going to ask you 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 and lung disease, please begin questionnaire at Q5.

6a – Breathlessness and wheezing – during the last month	Yes	No
Q1: Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	<input type="checkbox"/>	<input type="checkbox"/>
Q2: If yes to Q1 – Do you get short of breath walking with other people of your own age on level ground?	<input type="checkbox"/>	<input type="checkbox"/>
Q3: If yes to Q2 – Do you have to stop for breath when walking at your own pace on level ground?	<input type="checkbox"/>	<input type="checkbox"/>
Q4: If you run, or climb stairs fast, do you ever: a) cough? b) wheeze? c) get a tight chest?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Name:	Date of Birth:
-------	----------------

6a – Breathlessness and wheezing – during the last month	Yes	No
Q5: Is your sleep ever broken: a) by a wheeze? b) by difficulty breathing?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Q6: Do you ever wake up in the morning (or from sleep if a shift worker): a) with a wheeze? b) with difficulty breathing?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Q7: Do you ever wheeze: a) if you are in a smoky room? b) if you are in a very dusty place?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Q8: If yes to either Q5, Q6, Q7 – Are your symptoms better: a) at weekends (or equivalent if shift worker)? b) when you are on holidays?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
If yes to Q8 , please record details of any occupational exposure to respiratory hazards e.g. isocyanates, wood dust, aluminium pot room or asbestos, in Additional notes .		

6b – Cough	Yes	No
Q9: Do you usually cough first thing in the morning in winter?	<input type="checkbox"/>	<input type="checkbox"/>
Q10: Do you usually cough during the day/or at night/in the winter?	<input type="checkbox"/>	<input type="checkbox"/>
Q11: If yes to Q9 or Q10 – Do you cough like this on most days for as much as three months each year?	<input type="checkbox"/>	<input type="checkbox"/>

6c – Phlegm	Yes	No
Q12: Do you usually bring up phlegm from your chest first thing in the morning in winter?	<input type="checkbox"/>	<input type="checkbox"/>
Q13: Do you usually bring up phlegm from your chest during the day/or at night/in winter?	<input type="checkbox"/>	<input type="checkbox"/>
Q14: If yes to Q12 or Q13 – Do you bring up phlegm like this on most days for as much as three months of each year?	<input type="checkbox"/>	<input type="checkbox"/>

6d – Periods of cough and phlegm	Yes	No
Q15: In the past three years, have you had a period of (increased) cough and phlegm lasting for three weeks or more?	<input type="checkbox"/>	<input type="checkbox"/>
Q16: If yes to Q15 – Have you had more than one such episode?	<input type="checkbox"/>	<input type="checkbox"/>

6e – Chest illnesses	Yes	No
Q17: During the past three years, have you had any chest illness that has kept you from your usual activities for as much as a week?	<input type="checkbox"/>	<input type="checkbox"/>
Q18: If yes to Q17 – Did you bring up more phlegm than usual in any of these illnesses?	<input type="checkbox"/>	<input type="checkbox"/>
Q19: If yes to Q18 – Have you had more than one illness like this in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>

NSW Coal Industry – Preplacement Medical Assessment

Name:	Date of Birth:
-------	----------------

6f – Past illnesses	Yes	No
Q20: Have you ever had, or been told that you have any of the following:		
a) an injury, or operation affecting your chest?	<input type="checkbox"/>	<input type="checkbox"/>
b) heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
c) bronchitis?	<input type="checkbox"/>	<input type="checkbox"/>
d) pneumonia?	<input type="checkbox"/>	<input type="checkbox"/>
e) pleurisy?	<input type="checkbox"/>	<input type="checkbox"/>
f) asthma?	<input type="checkbox"/>	<input type="checkbox"/>
g) other chest trouble?	<input type="checkbox"/>	<input type="checkbox"/>
h) hayfever?	<input type="checkbox"/>	<input type="checkbox"/>

6g – Tobacco smoking	Yes	No
Q21: Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
If no to Q21		
Q22: Have you ever smoked as much as one cigarette a day for as long as one year?	<input type="checkbox"/>	<input type="checkbox"/>
Q23: How old were you when you started smoking?		
Q24: a) Did you smoke manufactured cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to Q24a – How many do (did) you usually smoke per day?		
b) on weekdays?		
c) at weekends?		
	Yes	No
Q25: Do (did) you smoke any other forms of tobacco?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to Q25, record details under Additional notes.		

6h – For ex-smokers	Mth	Yr
Q21: When did you give up smoking?		
Additional notes:		

Name:	Date of Birth:
-------	----------------

7 Respiratory system review

Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>
Comments:			

8 Clinical findings

8a – Body Mass Index (BMI)

Height		Weight		BMI (kg/m²)	
---------------	--	---------------	--	-------------------------------	--

8b – Cardiovascular system

Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	
Blood pressure		Pulse rate		
			Normal	Abnormal
Heart sounds			<input type="checkbox"/>	<input type="checkbox"/>
Rhythm			<input type="checkbox"/>	<input type="checkbox"/>
Character			<input type="checkbox"/>	<input type="checkbox"/>

8c – Vision

Fields	Normal <input type="checkbox"/>		Abnormal <input type="checkbox"/>	
Distance uncorrected	Left 6 /	Right 6 /	Binocular 6 /	
Distance corrected	Left 6 /	Right 6 /	Binocular 6 /	
Near binocular	Uncorrected N		Corrected N	
Colour vision defect	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Commercial Driver Standard

Not met <input type="checkbox"/>	Unconditional <input type="checkbox"/>	Conditional <input type="checkbox"/>	Requires corrective lenses <input type="checkbox"/>
----------------------------------	--	--------------------------------------	---

Private Vehicle Standard

Not met <input type="checkbox"/>	Unconditional <input type="checkbox"/>	Conditional <input type="checkbox"/>	Requires corrective lenses <input type="checkbox"/>
----------------------------------	--	--------------------------------------	---

Name:	Date of Birth:
-------	----------------

8d – Spirometry *(Please attach a copy of the spirometry graph)*

Measured	FEV1 litres	FVC litres	Ratio
Predicted	FEV1 litres	FVC litres	Ratio
Breath sounds	Normal <input type="checkbox"/>		Abnormal <input type="checkbox"/>
Spirometry results	Normal <input type="checkbox"/>	Obstructive <input type="checkbox"/>	Restricted <input type="checkbox"/> Mixed <input type="checkbox"/>

Comments:

NSW Coal Order 41 states:
 “a pre-placement medical assessment shall include a ‘Chest x-ray (where the applicant has the chance of potentially hazardous exposures to coal or silica dust, unless an x-ray has been completed in the previous six (6) years”.

Date of last chest x-ray <i>(Please attach report)</i>		Outcome	Normal <input type="checkbox"/> Significant abnormality <input type="checkbox"/>
--	--	----------------	--

Comments (Follow-ups required, referrals etc.):

8e – Urine

Blood	<input type="checkbox"/> Neg	<input type="checkbox"/> Trace	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++	<input type="checkbox"/> ++++
Glucose	<input type="checkbox"/> Neg	<input type="checkbox"/> Trace	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++	<input type="checkbox"/> ++++
Protein	<input type="checkbox"/> Neg	<input type="checkbox"/> Trace	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++	<input type="checkbox"/> ++++

8f – Musculoskeletal function

	Normal	Abnormal
Gait and general posture	<input type="checkbox"/>	<input type="checkbox"/>
Cervical spine	<input type="checkbox"/>	<input type="checkbox"/>
Thoracolumbar spine	<input type="checkbox"/>	<input type="checkbox"/>
Upper limbs	<input type="checkbox"/>	<input type="checkbox"/>
Lower limbs	<input type="checkbox"/>	<input type="checkbox"/>

Name:	Date of Birth:
-------	----------------

8f – Musculoskeletal function cont...

Comments:

8g – Neurological

		Upper limbs		Lower limbs	
Coordination		Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Power		Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Sensation		Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Reflexes	Knee	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	N/A <input type="checkbox"/>	
	Ankle	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	N/A <input type="checkbox"/>	
	Other	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	N/A <input type="checkbox"/>	
Tremor	Absent <input type="checkbox"/>		Present <input type="checkbox"/>		
Rhomberg’s Test	Normal <input type="checkbox"/>		Abnormal <input type="checkbox"/>		

Comments:

8h – Audiometry

Relevant history:

	Yes	No	N/A
At least 16 hours since significant noise exposure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent ear/sinus infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditory canals normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is tinnitus present now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing loss consistent with NIHL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tympanic membranes normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NSW Coal Industry – Preplacement Medical Assessment

Name:	Date of Birth:
-------	----------------

8h – Audiometry cont...

Hearing meets commercial driver standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing meets national rail standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Audiogram results

	500	1	1.5	2	3	4	6	8	Loss
Right									
Left									
Binaural hearing loss									

8i – Conclusions and recommendations

Current health issues:

Examinee referred to other Health Provider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Referral notes:

Recommendations for review	Routine <input type="checkbox"/>	Other <input type="checkbox"/>
----------------------------	----------------------------------	--------------------------------

Comments:

NSW Coal Industry – Preplacement Medical Assessment

Name:	Date of Birth:
-------	----------------

Doctor's declaration	
Name of Medical Practitioner	
Date of examination	
Examinee's Name	

I, the above-mentioned registered Medical Practitioner, certify that I personally examined the above-named examinee and the information recorded above arose from that examination.

Medical Practitioner / Practice details or stamp	Name
	Signature

At the completion of this Medical Assessment:

- Ensure all components of this medical are fully completed. Failure to fully complete all components may result in the delay of compliance notification.
- **Part A, B, C and D** must be forwarded to the requesting employer. *(Do not submit paperwork directly to CS Health – paperwork must be submitted via the relevant employer. CS Health will not accept medicals submitted by a medical provider.)*
- A copy of **Part D** is to be given to the employee.

- **A note to employers:** Please ensure **Part A, B, C and D** are forwarded to CS Health (order41@coalservices.com.au) within four (4) weeks from the date of the assessment to ensure Order 41 compliance.

Part D – Certificate of Fitness

Name	
Date of Birth	
Employer	
Site	
Position	
Examined by	
Date	

<input type="checkbox"/>	GREEN	Medically fit and healthy in relation to the occupational demands of their usual role.
<input type="checkbox"/>	AMBER	Has a stable medical condition that imposes a restriction on some aspect of their usual role; <i>or</i> Has a medical condition that requires ongoing medical monitoring.
<input type="checkbox"/>	RED	Has a medical condition that will result in an unacceptable safety or health risk or a condition that prevents them from performing the occupational demands of their usual role.

Comments:

Chest x-ray current (as per Order 41 requirements)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Medical Practitioner/Practice details or stamp	Name
	Signature

Disclaimer: This document is provided to the employer as a certificate of fitness only, and is not intended to serve as a certificate of compliance with Order 41. For information regarding compliance with Order 41, please contact CS Health on (02) 6571 9900.