External Provider
Order 43
Exit Medical Assessment Consent Form

Coal Services

Coal Services

Consent

Overview

This exit medical assessment is an optional medical for Coal Mine Workers under NSW Order 43. This medical should be conducted when an individual retires or permanently ceases working in the NSW Coal Industry.

It must only be conducted by an approved Medical Practitioner or a suitably qualified Registered Nurse, working under the supervision of an approved Medical Practitioner. This medical is designed to monitor the health of the NSW Coal Mine Workers and must be performed every three years.

Collection and Storage

The information collected in this medical assessment will be provided to the Senior Medical Officer Coal Services Health and entered into the Coal Services Health data base for the purpose of monitoring the health of the NSW Coal industry. This is a requirement of the Coal Industry Act 2001.

Privacy and Confidentiality

Coal Services complies with the requirements of the Privacy Act 1988 (Cth) ('Privacy Act') and the Health Records and Information Privacy Act 2002 (NSW) ('HRIP Act'). A copy of our privacy policy is available for you to inspect on request or can be accessed at www.coalservices.com.au.

Release of information

This consent covers the release of:

- The Exit Medical Assessment Report in the prescribed format to you within 4 weeks of the medical being conducted.
- All information collected as part of this assessment to the Coal Services Senior Medical Officer.

It is important to note that should your employer require additional information other than is provided in the assessment report format, a separate consent must be obtained by your employer.

This data may also be used by Coal Services for research and reporting purposes aimed at ensuring the ongoing health and safety of the NSW coal mining workforce. All information used will be de-identified.

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Personal Information

Name			
Date of Birth		Gender	☐ Male ☐ Female
Address			
Contact number			
Treating doctor			
Position			
Employer			
Date			

Consent

By signing below, I ____ confirm:

(print name)

- I have read the above information / I have had the above information explained to me;
- I understand the conditions of this medical assessment;
- I consent to participate in this assessment.

Signature	

Witness name			
Signature		Date	