



External Provider  
Order 43  
Periodic Medical Assessment Consent Form



Coal Services

## Consent

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### Overview

This periodic medical assessment is required for all Coal Mine Workers under the NSW Coal Order 43. The Order defines a coal mine worker as “a person who carries out work at a coal mine for a person conducting a business or undertaking. It does not include a person who works in an environment in which they are not exposed to coal dust unless the person has previously worked in an area of a coal mine in which they were exposed to coal dust.”

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](http://www.coalservices.com.au).

### Release of information

This consent covers the release of:

- The Periodic Medical Assessment Report in the prescribed format. This report contains the information required to comply with Order 43. It will be sent to the nominated representative of your employer and may contain some details of your medical history and findings.
- The Respiratory Fit Testing results, this is now a routine part of an Order 43 periodic health assessment. This information allows the employer to assess the adequacy of respiratory personal protective equipment (PPE).
- All information collected as part of this assessment to the Coal Services Senior Medical Officer.

A copy of the medical assessment report and the chest x-ray report must be provided to you within 4 weeks of the medical being conducted.

***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.

### Personal Information

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

### 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 understand that if Fit Testing is performed as part of the assessment, a report containing the Fit Testing results will be forwarded to my employer;
- I consent to participate in this assessment.

<b>Signature</b>	
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<b>Witness name</b>			
<b>Signature</b>		<b>Date</b>	