

## Role requirements (Requesting Employer to complete)

This form must be completed by the employer requesting the medical, and a copy sent to the Medical Officer conducting the medical assessment prior to the medical being conducted. It is important to note compliance is assessed according to the requirements of NSW Coal Order 43 (the Order), not the requirements of any individual site.

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."

The Order defines a **worker** as "a person who is about to commence work at a coal mine for a person conducting a business or undertaking, including a person who has previously worked at a coal mine and is about to commence work at a different coal mine."

| Worker details   |                  |   |  |  |  |  |
|--|------------------|---|--|--|--|--|
| Name   |                  |   |  |  |  |  |
| Date of birth  |                  |   |  |  |  |  |
| Address  |                  |   |  |  |  |  |
| Phone  |                  |   |  |  |  |  |
| Email  |                  |   |  |  |  |  |
| Worker's position or role  |                  |   |  |  |  |  |
| Operation site   |                  |   |  |  |  |  |
| Worker's Similar Exposure Group (SEG) (one only)   |                  |   |  |  |  |  |
| Type of worker   |                  | Employee Contractor Labour Hire             |  |  |  |  |
| In the worker's role, will they be exposed to any of the following** (tick all that apply)           |                  |   |  |  |  |  |
| Remote work Use of Breathing Apparatus Coal Mine Dust Exposure                                       |                  |   |  |  |  |  |
| Isocyanate Use  Unc  | derground Work   | ☐ Exposure to other Airborne Contaminants ☐ |  |  |  |  |
| Nil  |                  |   |  |  |  |  |
| **For further information please refer to the <u>NSW Coal Industry Respiratory Health Standard</u> . |                  |   |  |  |  |  |
| Employer details   |                  |   |  |  |  |  |
| Company name (one only)  |                  |   |  |  |  |  |
| Address  |                  |   |  |  |  |  |
| ABN  |                  |   |  |  |  |  |
| Booking contact  | Name             |   |  |  |  |  |
|  | Position / Title | tle   |  |  |  |  |
|  | Phone numbe      | ber   |  |  |  |  |
|  | Email address    | ss  |  |  |  |  |



| Medical assessment details |                         |  |        |  |  |
|----------------------------|-------------------------|--|--------|--|--|
| Medical Service Provider   |                         |  |        |  |  |
| Type of medical            | ☐ Preplacement          | Periodic   | ☐ Exit |  |  |
|                            | ☐ Site Access Medical ( | Site Access Medical (This medical is <u>not</u> an Order 43 requirement) |        |  |  |

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