

## 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	
Risk Category	Category A <input type="checkbox"/> Category B <input type="checkbox"/> Category C <input type="checkbox"/>
Operation site	
Worker's Similar Exposure Group (SEG) <i>(one only)</i>	
Type of worker	Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Labour Hire <input type="checkbox"/>
In the worker's role, will they be exposed to any of the following** <i>(tick all that apply)</i>	
Remote work <input type="checkbox"/>	Use of Breathing Apparatus <input type="checkbox"/> Coal Mine Dust Exposure <input type="checkbox"/>
Isocyanate Use <input type="checkbox"/>	Underground Work <input type="checkbox"/> Exposure to other Airborne Contaminants <input type="checkbox"/>
Nil <input type="checkbox"/>	

\*\*For further information please refer to the [NSW Coal Industry Respiratory Health Standard](#).

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Employer details		
Company name (one only)		
Address		
ABN		
Booking contact	<b>Name</b> <b>Position / Title</b> <b>Phone number</b> <b>Email address</b>	

Medical assessment details	
Medical Service Provider	
Type of medical	<input type="checkbox"/> Preplacement <input type="checkbox"/> Periodic <input type="checkbox"/> Exit <input type="checkbox"/> Site Access Medical ( <i>This medical is <u>not</u> an Order 43 requirement</i> )