CS Health
Order 45
Health Assessment Declaration and Consent

This Health Assessment is a requirement of the *Coal Services Health Monitoring Requirements for Coal Mine Workers Order No. 45* under the *Coal Industry Act 2001* (Health Assessment). This Health Assessment is to monitor the health of NSW coal mine workers and must be undertaken at least every three (3) years. Coal Services Health (CS Health) Approved Medical Practitioners will consider all results from previous medical and health assessments.

Collection and Storage

The information collected in this Health Assessment will be entered into the CS Health database for the purpose of health monitoring requirements for the NSW Coal Industry, as required by the *Coal Industry Act 2001* (Records). A copy of the Records will be kept in your medical file at CS Health.

Privacy and Confidentiality

CS Health 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

A Health Assessment Certificate containing the information required to comply with Order 45 will be released to the nominated representative of your employer if you sign the below consent titled *Consent for my Nominated Employer Representative to be provided with Medical Assessment Information*.

This may contain limited medical information to support your employer to create a safe system of work including but not limited to the results of fit testing, audiometric screening and your most recent chest imaging report. Please note that your chest imaging report may have been conducted as part of a previous medical or health assessment.

If you sign the *Consent for my Nominated Employer Representative to be provided with Medical Assessment Information*, your employer should provide you with a copy of your Health Assessment Certificate within four (4) weeks of receipt.

Coal Services is required to disclose to the Resource Regulator and a person conducting a business or undertaking (employer) certain information which does not require consent. That information is limited to:

a) any advice that test results indicate that a worker may have contracted a disease, injury or illness as a result of carrying out the work using, handling, generating or storing hazardous chemicals that triggered the requirement for health monitoring, or

SAMPLE

b) any recommendation that the person conducting the business or undertaking (employer) take remedial measures, including whether the worker can continue to carry out the work using, handling, generating or storing hazardous chemicals that triggered the requirement for health monitoring.

A report containing de-identified statistical data will also be made available to your employer by CS Health. This data is grouped into larger numbers of completed medical, health assessments and reviews, which means any personal information such as names and date of birth are not included in such reports. This data may also be used by CS Health and your employer for research purposes aimed at ensuring the ongoing health and safety of the NSW coal mining workforce.

****The declaration and consents must be signed in the presence of a CS Health representative****

Order 45 Health Assessment Declaration and Consent

By signing below, I *(print name)* _____ declare and consent:

- I have read and had the relevant information explained to me.
- I understand the purpose of the Health Assessment.
- I will participate in this Health Assessment.
- I declare that the information provided during this Health Assessment is true and correct to the best of my knowledge.
- To have my health assessment independently reviewed by a provider contracted by CS Health for further clinical investigations as required and/or quality assurance purposes.

Signature	

SAMPLE

Consent for my Nominated Employer Representative to be provided with Health Assessment information

By signing below, I *(print name)* _____
consent to the Order 45 Health Assessment Certificate to be provided to my nominated employer representative by CS Health.

I consent to the following additional reports to be provided to my nominated employer representative by CS Health:

- The report of any FIT testing Yes ☐ No ☐
- Audiology report Yes ☐ No ☐
- Chest imaging report Yes ☐ No ☐

Signature	

Identification

(to be completed for office-based Assessments only, by a CS Health representative)

Client name			
Date of birth			
Photo ID type		**Number**	

I confirm that I have witnessed the client sign all sections of this consent form, and that the client appeared to understand the information provided before signing.

CS Health representative name			
Signature		**Date**	

SAMPLE