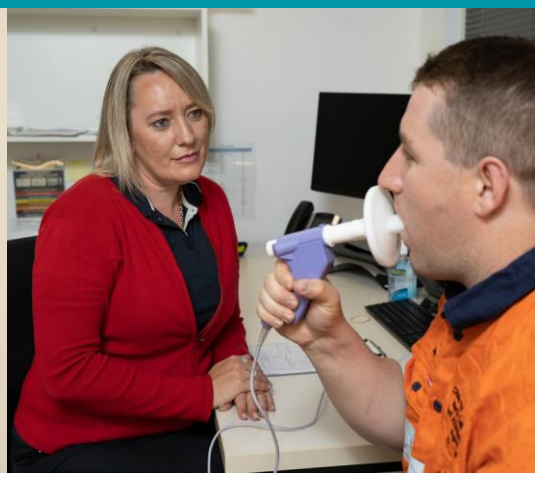
CS Health

Order 45
Health Assessment Certificate





This health assessment has been conducted as per the Coal Service Health Monitoring Requirements for Coal Mine Workers Order 45.

Confidential: *The information contained in this document is confidential and intended for the coal mine worker or nominated employer representative. Should you wish to discuss this health assessment, please contact CS Health.*

CS Health

Order 45 Health Assessment Certificate

CS Health reference number	
Full name	
Date of birth	
Position	
Risk category	Choose an item.
Similar exposure group	
Date of health assessment	
Approved medical practitioner	
Last chest imaging date	

Health Certification		
☐	**GREEN**	Medically fit to undertake the position within the nominated risk category.
☐	**AMBER (1)**	Has a health condition that requires ongoing monitoring.
☐	**AMBER (2)**	Has a health condition that imposes a restriction on some aspect of the position.
☐	**RED**	Medically unfit to undertake the position within the nominated risk category.

Coal mine worker required to wear:

Corrective lenses Yes ☐ No ☐

Hearing aids Yes ☐ No ☐

Comments

Coal mine worker can commence or continue to carry out the work? Yes ☐ No ☐

Comments

SAMPLE

CS Health

Remedial measures recommended? Yes ☐ No ☐

Comments

Any test results indicating a disease, illness or injury as a result of carrying out the work? Yes ☐ No ☐

Comments

Health counselling provided? Yes ☐ No ☐

Comments

Health assessment review		
Review type	**Related to airborne contaminant, hazardous chemical or occupational noise exposure investigation?**	**Review time**
Choose an item.	Yes ☐ No ☐	Choose an item.
Choose an item.	Yes ☐ No ☐	Choose an item.
Choose an item.	Yes ☐ No ☐	Choose an item.
Choose an item.	Yes ☐ No ☐	Choose an item.
Choose an item.	Yes ☐ No ☐	Choose an item.
Choose an item.	Yes ☐ No ☐	Choose an item.

SAMPLE

CS Health

Health assessment review comments

Employer actions

Is the employer recommended to take any action? Yes ☐ No ☐

Actions:
Choose an item.
Comments:

Approved medical practitioner signature:	**Name:**
	AMP number:**
Electronic signature of me, [insert full name], affixed by me, or at my direction, on [insert date]	**Date:**

***** Coal Services approved medical practitioner number***

A health assessment review is a conditional clearance for the review period detailed on the health assessment certificate. If the health assessment review is not completed within the timeframe, the health assessment certificate will expire.

SAMPLE