

Role requirements (Requesting Employer to complete)

This form is to be completed by the employer requesting the health assessment and provided to the Approved Medical Practitioner in advance of the health assessment. Please note that compliance is determined in accordance with the Coal Services *Health Monitoring Requirements for Coal Mine Workers Order No. 45* (Order 45), rather than the requirements of any individual site.

Order 45 defines a **coal mine worker** as “a person who carries out work at a coal mine or a coal handling preparation plant 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 airborne contaminant, hazardous chemicals, and/or occupational noise unless the person has previously worked in an area of a coal mine or coal handling preparation plant in which they were exposed to airborne contaminant, hazardous chemicals, and/or occupational noise.

Coal mine worker details					
Name					
Date of birth					
Address					
Phone					
Email					
Position					
Risk Category	Category A <input type="checkbox"/>	Category B <input type="checkbox"/>	Category C <input type="checkbox"/>		
Worker's Similar Exposure Group (SEG) <i>(one only)</i>					
Employee status	Existing employee <input type="checkbox"/>	New employee <input type="checkbox"/>			
Type of coal mine worker	Mining Operator <input type="checkbox"/>	Contractor <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](#).

Form continues on page 2



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

Health assessment details	
Medical Service Provider	
Is a Respirator Fit Test required as part of this medical?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a Schedule 14, Work Health & Safety Regulation 2025 (NSW) health examination required?	Yes <input type="checkbox"/> No <input type="checkbox"/>