



Respiratory health surveillance medical examination form for mineral mine and quarry workers

Family name

First name

Middle name

Date of birth

About this form

The [Mining and Quarrying Safety and Health Regulation 2017](#) (the Regulation) provides for mineral mine and quarry workers to undertake periodic respiratory health surveillance. [QGL04: Guideline for Respiratory Health Surveillance of Workers in Queensland Mineral Mines and Quarries](#) states ways a site senior executive can achieve an acceptable level of risk relating to preventing respiratory disease through respiratory health surveillance. The requirements of this guideline must be met unless another way is adopted and followed that achieves a level of risk equal or better.

This is the template recommended by Resources Safety and Health Queensland (RSHQ) to be used by the examining medical officer and/or Appropriate Doctor to record the examinations required under the Regulation, including examinations of a current worker who permanently stops working in a mineral mine or quarry.

This examination form (when completed) must not be provided to the site senior executive (or employer) without the consent of the worker. This form constitutes a medical record, and as such the site senior executive can only request it with the written consent of the worker. The site senior executive must not disclose the content of the medical record to anyone, other than to the worker or someone with the worker's written consent (Section 120 of the Regulation).

The RSHQ [health surveillance report](#) recommended template can be used by the Appropriate Doctor to document the effects on a person's health related to their exposure to respiratory hazards at a mine or quarry, and any remedial action required. A copy of this report is provided to the site senior executive.

These template forms are not mandatory, other forms can be used that meet the requirements of the Regulation and QGL04.

Instructions for completing respiratory health surveillance medical examination form

Site senior executive:

- Complete Section 1.
- Arrange the respiratory health surveillance for the worker with an Appropriate Doctor.
- Arrange for the employer to pay for the respiratory health surveillance for the worker.
- Provide Section 1 to the examining medical officer or Appropriate Doctor prior to commencing the respiratory health surveillance examination.
- If the site senior executive relies on the employer to arrange the respiratory health surveillance, this can be reflected in Section 1 (note the obligation to ensure health surveillance is properly arranged remains with the site senior executive who should ensure a copy of the health surveillance report is obtained from the employer, Appropriate Doctor or worker).
- Report any prescribed diseases under section 195(6) of the *Mining and Quarrying Safety and Health Act 1999* after obtaining a copy of the health surveillance report.

Worker:

- Bring photo identification to be confirmed by the examining medical officer or Appropriate Doctor.
- Complete Section 2, including work history.
- Attach a separate statement if the space provided on the form is insufficient (e.g. for work history).
- Complete the consent and declaration components of Section 2.

Examining medical officer / Appropriate Doctor (if undertaking medical examination):

- Confirm photo identification provided by the worker.
- Ensure that Section 1 has been completed.
- Review Section 1 of this form noting and taking advice about specific position requirements and hazard exposures.
- Review the worker declaration components of Section 2.
- Ensure that spirometry and chest x-ray examinations are carried out in accordance with the relevant standards in force at the time.
- Ensure that the worker is provided with a chest x-ray referral form that clearly states that the worker is a mineral mine or quarry worker.
- Complete Section 3 (and attach spirometry test results, x-ray report, and ILO classification).

Appropriate Doctor:

- Review Sections 1, 2 and 3.
- Ensure the chest x-ray is examined against the ILO International Classification of Radiographs of Pneumoconioses.
- Ensure that further reading of the chest x-ray has been undertaken. Radiology providers RSHQ has validated to deliver further reading services against the requirements of section 6.3.3 of the Guideline for Respiratory Health Surveillance of Workers in Queensland Mineral Mines and Quarries are:
 - Lungscreen Australia
- Other providers can be used for further reading of the chest x-ray if they meet the requirements of section 6.3.3 of the Guideline for Respiratory Health Surveillance of Workers in Queensland Mineral Mines and Quarries.
- Arrange appropriate additional testing if the worker has abnormal respiratory function or chest x-ray examination results, in accordance with the [Mine Dust Lung Disease Clinical Pathways Guideline](#).
- Complete the separate [health surveillance report](#) for the worker following the completion of relevant tests and reviews, including any chest x-ray examination and further x-ray reading.
- Provide the worker a copy of the report at the postal address given in Section 2, or by email if the worker agrees and provide an explanation of the report to the worker.
- Provide a copy of the health surveillance report to the site senior executive (or their appointed agent) and the employer (if requested by the worker). If a site senior executive hasn't been identified at the time of the examination, the site senior executive should ensure a copy is obtained from the employer, Appropriate Doctor or worker.
- Keep the data on which the assessment or examination was based and a copy of this form completed for the assessment.

SECTION 1: Site senior executive

Section 1: Site senior executive

1.1 Mine or quarry details

(a) Name of site senior executive

(b) Name of mine or quarry
Note: If multiple sites, specify primary mine or quarry location at time of respiratory health surveillance.

(c) Address of mine or quarry

(d) Business phone number

(e) Email address

(f) Name of operator

(g) Commodity/ies mined and operation category *(Mark all that apply)*

Base metals

Copper

Lead

Nickel

Tin

Zinc

Precious metals

Gold

Palladium

Platinum

Silver

Other metals & minerals

Bauxite

Magnetite

Phosphate

Rare earths

Tungsten

Vanadium

Other *(Please state):*

Industrial minerals

Bentonite

Limestone

Magnesite

Mineral sands

Silica

Construction/quarry materials

Aggregate

Clays

Dimension stone

Sand

Rock

Other *(Please state):*

Small-scale *(~4 workers or less)*

Opal or gem

Opal

Gemstones

Other small-scale

Alluvial gold

Hard-rock gold

Hard-rock tin

Quarry

Aggregate

Sand

Rock

Tourist

Thunder egg

Jasper

Other *(Please state):*

SECTION 1: Site senior executive

1.2 Employer's details

- (a) Business or trading name
- (b) Address
- (c) Business phone number
- (d) Email address
- (e) Contact name
- (f) Type of employer (*Mark one for relationship with this worker*)
 - i. Mine or quarry operator
 - ii. Contractor to one or more mines or quarries
 - iii. Supplier to one or more mines or quarries
 - iv. Labour hire

1.3 Appropriate Doctor

- (a) Name of Appropriate Doctor that is supervising the respiratory health surveillance

1.4 Worker's proposed/current position

- (a) Position
- (b) Similar Exposure Group (SEG) if applicable
Note: Employer to include all relevant SEGs for the worker. If multiple SEGs apply, list from most commonly to least commonly applicable for that worker.
- (c) Mine or quarry type and work location (*Mark one only, most relevant type and location*):
 - i. Underground mine – face
 - ii. Underground mine – non-face
 - iii. Underground mine – surface
 - iv. Aboveground mine
 - v. Quarry
 - vi. Exploration

SECTION 1: Site senior executive

1.5 Reason for respiratory health surveillance

(Mark only one of (a) – (e))

- (a) Person is:
 - i. New entrant to mineral mining or quarrying industry
 - ii. Commencing work in a different type of position
- (b) Appropriate Doctor considers the assessment is necessary
- (c) Periodic respiratory health surveillance of mineral mine or quarry worker is required
- (d) An examination that is part of the respiratory health surveillance for the mineral mine or quarry worker is required
- (e) The worker is permanently stopping work in a mine or quarry

1.6 Specific mineral mine or quarry worker position requirements or respiratory hazard exposures

- (a) Mineral mine or quarry worker is, or may be, required to wear or use the following from time to time, depending on conditions *(Mark all that apply)* None apply
 - i. Personal protective equipment (examples: safety helmet, safety glasses, hearing protection, long sleeve shirt and trousers, safety footwear)
 - ii. Respiratory protective equipment (examples: respirators, self-rescue breathing device for underground workers)
- (b) Mineral mine or quarry worker may potentially be exposed to *(Mark all that apply)* None apply
 - i. Dust (such as metal dusts or from silica-bearing rock)
 - ii. Naturally occurring asbestos or asbestos containing materials
 - iii. Diesel exhaust
 - iv. Welding fume
 - v. Cement, grout, stone dust
 - vi. Other, e.g. hazardous chemical fumes, gases or vapours, please state:

SECTION 2: Mineral mine or quarry worker to complete

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2.1 Mineral mine or quarry worker's details

(a)	Family name	<input type="text"/>
(b)	First name	<input type="text"/>
(c)	Middle name	<input type="text"/>
(d)	Previous names	<input type="text"/>
(e)	Date of birth	<input type="text"/>
(f)	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
(g)	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
(h)	Home address	<input type="text"/>
(i)	Postal address (if different to home address)	<input type="text"/>
(j)	Telephone / mobile number	<input type="text"/>
(k)	Email address	<input type="text"/>

2.2 Position requirements or hazard exposures

Does Section 1.6 of this form include all the requirements and respiratory hazard exposures for your current/proposed position? Yes No

If No, outline the additional requirements/exposures

SECTION 2: Mineral mine or quarry worker to complete

2.3 Work history

- (a) Have you ever worked at a coal mine, mineral mine or quarry? Yes No
If Yes, answer (b) to (h); if No, go to (i)

Mineral mine and quarry work history

- (b) When did you first start work in the mineral mining or quarrying industry?
- i. Year started work underground in a mineral mine
 - ii. Year started work aboveground in a mineral mine
 - iii. Year started work at a quarry
- (c) How many total years have you worked in the mining or quarrying industry?
- i. Years underground in a mineral mine
 - ii. Years aboveground in a mineral mine
 - iii. Years in a quarry
- (d) If you worked at a mineral mine, how many years have you worked at the face?
- (e) How many total years have you worked at your current mine or quarry?
- (f) Do you wear a respirator at work (excluding self-rescue breathing devices)? Yes No
If Yes, answer
What type (Mark all that apply)
- i. Dust mask (disposable)
 - ii. Half-face mask (other than disposable)
 - iii. Full-face
 - iv. Powered air-purifying hood/helmet

Coal mine work history

- (g) Have you ever worked in a coal mine? Yes No
If Yes, answer i to ii; if No, go to (i) Other relevant work history
- i. Years underground
 - ii. Years aboveground

SECTION 2: Mineral mine or quarry worker to complete

(h) Previous position(s)

Position	Mine / quarry name (and State/ Country if not Queensland)	Employer's business or trading name	Employer type	Start year/ End year	Mine / Quarry type and work location (please include coal)
			<input type="checkbox"/> Mine / quarry operator <input type="checkbox"/> Contractor to mines / quarries <input type="checkbox"/> Supplier to mines / quarries <input type="checkbox"/> Labour hire		<input type="checkbox"/> Underground – face Commodity mined: _____ <input type="checkbox"/> Underground – non-face Commodity mined: _____ <input type="checkbox"/> Open cut Commodity mined: _____ <input type="checkbox"/> Processing Commodity mined: _____ <input type="checkbox"/> Quarry Product/ material: _____
			<input type="checkbox"/> Mine / quarry operator <input type="checkbox"/> Contractor to mines / quarries <input type="checkbox"/> Supplier to mines / quarries <input type="checkbox"/> Labour hire		<input type="checkbox"/> Underground – face Commodity mined: _____ <input type="checkbox"/> Underground – non-face Commodity mined: _____ <input type="checkbox"/> Open cut Commodity mined: _____ <input type="checkbox"/> Processing Commodity mined: _____ <input type="checkbox"/> Quarry Product/ material: _____
			<input type="checkbox"/> Mine / quarry operator <input type="checkbox"/> Contractor to mines / quarries <input type="checkbox"/> Supplier to mines / quarries <input type="checkbox"/> Labour hire		<input type="checkbox"/> Underground – face Commodity mined: _____ <input type="checkbox"/> Underground – non-face Commodity mined: _____ <input type="checkbox"/> Open cut Commodity mined: _____ <input type="checkbox"/> Processing Commodity mined: _____ <input type="checkbox"/> Quarry Product/ material: _____
			<input type="checkbox"/> Mine / quarry operator <input type="checkbox"/> Contractor to mines / quarries <input type="checkbox"/> Supplier to mines / quarries <input type="checkbox"/> Labour hire		<input type="checkbox"/> Underground – face Commodity mined: _____ <input type="checkbox"/> Underground – non-face Commodity mined: _____ <input type="checkbox"/> Open cut Commodity mined: _____ <input type="checkbox"/> Processing Commodity mined: _____ <input type="checkbox"/> Quarry Product/ material: _____
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SECTION 2: Mineral mine or quarry worker to complete

Other relevant work history

- (i) Have you ever worked for more than one year in any other job that may have exposed you to a respiratory hazard (e.g. dust or diesel)? Yes No

If Yes, answer i to vi

- i. Years working with asbestos, vermiculite or talc
- ii. Years tunnelling, drilling, sandblasting
- iii. Years in road construction, jack hammering, or using masonry saw
- iv. Years in foundry, pottery or abrasives manufacture
- v. Years welding, cutting or grinding metals
- vi. Years in other dusty job(s)

Please specify jobs (for example, agriculture, farming, textiles, forestry)

2.4 Health-related history

- (a) Have you previously had a medical examination under the Coal Mine Workers' Health Scheme? Yes No

If Yes, answer

- (b) In what year was your last examination?

Note: With the consent of the worker, the examining medical officer or Appropriate Doctor can request the examination results from RSHQ.

Examining medical officer's comments

SECTION 2: Mineral mine or quarry worker to complete

2.5 Mineral mine or quarry worker consent and declaration

(a) Request to provide copy of health surveillance report to employer

If you would like the Appropriate Doctor to provide a copy of the health surveillance report to your employer, please indicate below. The health surveillance report is a separate document completed by the doctor that summarises the outcome of this examination and is provided to the site senior executive. It does not include your medical records or a copy of this examination form. Providing a copy of the health surveillance report to your employer may support them arrange your health surveillance examination on behalf of the site senior executive.

I request a copy of my health surveillance report be provided to my employer Yes No

(b) Mineral mine or quarry worker's declaration (to be witnessed by examining medical officer)

By completing this form, you agree to the information you supply being given to medical experts for the purpose of completing your respiratory health surveillance or respiratory health examination as required under the Regulation.

I certify to the best of my knowledge that the above information supplied by me is true and correct.

Signature	Date / /
Witness	Date / /

SECTION 3: Examining medical officer to complete

Section 3: Examining medical officer to complete

3.1 ID Check

Has the mineral mine or quarry worker (the worker) supplied photo identification? Yes No

3.2 Height and weight measurement

(a) Height (cm)

(b) Weight (kg)

Examining medical officer's comments

3.3 Respiratory examination

(a) Has a doctor, nurse, or other health professional EVER told you that you had any of the following:

- | | | | |
|-------|---|------------------------------|-----------------------------|
| i. | Asthma? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii. | Emphysema? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii. | Bronchitis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iv. | COPD (Chronic Obstructive Pulmonary Disease)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v. | Pleurisy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vi. | Pneumonia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vii. | Pulmonary tuberculosis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| viii. | Hay fever? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ix. | Other chest trouble? <i>(please specify in the comments under xvii)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(b) Respiratory symptoms

i. Do you usually have a cough, apart from colds? Yes No

If Yes, answer ii and iii

ii. Do you usually cough on most days (e.g. 4 or more days each week) for 3 or more months during the year? Yes No

iii. Approximately how many years have you had this cough?

iv. Do you usually bring up phlegm from your chest, apart from colds? Yes No

If Yes, answer v and vi

v. Do you bring up phlegm on most days (e.g. 4 or more days each week) for 3 or more months during the year? Yes No

SECTION 3: Examining medical officer to complete

vi. Approximately how many years have you had phlegm like this?

vii. In the last 12 months, have you had a wheezing or whistling in your chest at any time? Yes No

If Yes, answer viii (Mark one) ix and x

viii. Yes, I have wheezing only when I have a cold
Yes, I have wheezing sometimes when I don't have a cold

ix. Does the wheezing always clear when you cough? Yes No

x. When you are away from the mine on days off, is this wheezing or whistling (Mark one)

- The same
- Worse
- Better

xi. In the past 12 months, have you had an episode of asthma or an asthma attack? Yes No

If Yes, answer xii and xiii

xii. Approximately how old were you when you first had an attack of asthma?

xiii. Are you currently taking any medicine for your breathing? (including inhalers, aerosols, or pills) Yes No

If Yes, answer

xiv. Mark what you are currently taking

- Inhalers
- Aerosols
- Pills

xv. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? Yes No

If Yes, answer

xvi. Do you have to walk slower than people of your age on level ground because of shortness of breath? Yes No

If Yes, answer

xvii. Approximately how many years have you had this shortness of breath?

Examining medical officer's comments

SECTION 3: Examining medical officer to complete

(c) Smoking history

- i. Have you ever smoked cigarettes regularly? (*Mark No if you smoked less than 100 cigarettes in your entire life; 100 cigarettes = 5 packs*) Yes No

If Yes, answer ii to ix. If No, go to x

- ii. How old were you when you first started smoking?

- iii. On average, for the entire time that you smoked, approximately how many cigarettes did you smoke per day? Cigarettes per day

- iv. Approximately how old were you when you first started smoking cigarettes regularly?

- v. Do you still smoke cigarettes? Yes No

If No, answer

- vi. How old were you when you completely stopped smoking?

If Yes, answer

- viii. Would you like to quit smoking now?
- Yes
 - Maybe
 - No

- ix. During the time you were a smoker, did you ever stop smoking for six months or more? Yes No

If Yes, answer

- x. Approximately how long did you stop smoking altogether?

Note: Mark the total number of years that you stopped smoking during the time you were a smoker.

- xi. Do you use any other inhaled tobacco or nicotine products (pipes, cigars, electronic cigarettes, e-cigarettes, etc.)? If yes, specify:

If Yes, answer

- xii. Do you use them:
- Every day
 - Most days (*Note: Most days means 4 or more days per week.*)
 - Some days

Examining medical officer's comments

SECTION 3: Examining medical officer to complete

(d) Chest examination

- i. Chest expansion Normal Abnormal
- ii. Auscultation Normal Abnormal

Examining medical officer's comments

(e) Spirometry

Note: Medical examinations must be undertaken in accordance with QGL04: Guideline for Respiratory Health Surveillance of Workers in Queensland Mineral Mines and Quarries available at www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/legislation-standards/recognised-standards

i. Date of spirometry

ii. Name of spirometry practice

iii. RSHQ registration number for spirometry practice (if applicable)

Note: For more information regarding the register please visit www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/medicals/register-provider

iv. Spirometry test results (attach test results)

	Observed	Lower Limit of Normal (LLN)	Predicted	Observed/Predicted (%)
FEV ₁ (litres)	i.	iv.	vii.	x.
FVC (litres)	ii.	v.	viii.	xi.
FEV ₁ / FVC (%)	iii.	vi.	ix.	xii.

- v. Spirometry test quality Acceptable Unacceptable
- Note:* If unacceptable, ensure spirometry test is repeated.
- vi. Overall spirometry result Normal Abnormal

(f) Comparative assessment (to be completed by Appropriate Doctor)

- i. Has spirometry been conducted previously? Yes No
- ii. If Yes, has previous respiratory data been made available? Yes No

SECTION 3: Examining medical officer to complete

If Yes, answer iii and iv

iii. Date of previous spirometry

iv. Has there been a significant deterioration since the last spirometry? ($\geq 15\%$ deterioration in FEV1 or in FVC)

Yes

No

Appropriate Doctor's comments

(g) Appropriate Doctor's review of respiratory function examination

Note: The Appropriate Doctor is to arrange referral for abnormal spirometry as per the Clinical Pathways Guideline.

i. Was the worker referred for laboratory lung function test

Yes

No

ii. *If Yes*, laboratory function test results (*attach test report*)

Normal

Abnormal

iii. *If No*, does the worker need to have repeat spirometry in 12 months?

Yes

No

Appropriate Doctor's comments

(h) Chest x-ray examination

Note: Medical examinations must be undertaken in accordance with QGL04: Guideline for Respiratory Health Surveillance of Workers in Queensland Mineral Mines and Quarries available at www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/legislation-standards/recognised-standards

i. Was a chest x-ray carried out?

Yes

No

If No, explain reason in comments below

If Yes, answer ii to vii (attach x-ray and ILO report)

ii. RSHQ registration number for imaging practice (if applicable)

Note: For more information regarding the register please visit www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/medicals/register-provider

iii. Date of chest x-ray

Classification and dual-reading of the chest x-ray

Notes: Medical examinations must be undertaken in accordance with QGL04: Guideline for Respiratory Health Surveillance of Workers in Queensland Mineral Mines and Quarries available at www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/legislation-standards/recognised-standards

iv. Date of dual-read ILO classification by B-Readers

SECTION 3: Examining medical officer to complete

v. Name of B-Reader provider, if known

vi. Image quality

vii. Any classifiable parenchymal abnormalities?

Yes

No

If Yes, answer

viii. Profusion category

ix. Any classifiable pleural abnormalities?

Yes

No

If Yes, answer

x. Any pleural plaques present?

Yes

No

xi. Is costophrenic angle obliteration present?

Yes

No

xii. Is diffuse pleural thickening present?

Yes

No

xiii. Any other abnormalities present?

Yes

No

Examining medical officer's comments

(i) Appropriate Doctor's review of chest x-ray examination

Note: The Appropriate Doctor is to arrange referral for abnormal chest x-ray results as per the Clinical Pathways Guideline.

i. Was worker referred for high resolution CT scan?
(if Yes, attach results)

Yes

No

ii. Was worker referred to specialist physician?
(if Yes, attach report)

Yes

No

iii. Was a work-related respiratory disease diagnosed?

Yes

No

SECTION 3: Examining medical officer to complete

Appropriate Doctor's comments

3.4 Examining medical officer's details (if same as Appropriate Doctor, complete (a), (b) and signature only)

(a) Date of examination

(b) Name

(c) Practice name

(d) RSHQ registration number for EMO (if applicable)

Note: For more information regarding the register please visit www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/medicals/register-provider

(e) Address

(f) Telephone number

(g) Email address

(h) Signature

Practice stamp.....
Doctor's SignatureDate / /