

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 195AA 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 ☐ Sand ☐

Clays ☐ Rock ☐

Dimension stone ☐

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

Section 2: Mineral mine or quarry worker to complete

2.1 Mineral mine or quarry worker's details

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

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)
			☐ Mine / quarry operator ☐ Contractor to mines / quarries ☐ Supplier to mines / quarries ☐ Labour hire		☐ Underground – face Commodity mined: _____ ☐ Underground – non-face Commodity mined: _____ ☐ Open cut Commodity mined: _____ ☐ Processing Commodity mined: _____ ☐ Quarry Product/ material: _____
			☐ Mine / quarry operator ☐ Contractor to mines / quarries ☐ Supplier to mines / quarries ☐ Labour hire		☐ Underground – face Commodity mined: _____ ☐ Underground – non-face Commodity mined: _____ ☐ Open cut Commodity mined: _____ ☐ Processing Commodity mined: _____ ☐ Quarry Product/ material: _____
			☐ Mine / quarry operator ☐ Contractor to mines / quarries ☐ Supplier to mines / quarries ☐ Labour hire		☐ Underground – face Commodity mined: _____ ☐ Underground – non-face Commodity mined: _____ ☐ Open cut Commodity mined: _____ ☐ Processing Commodity mined: _____ ☐ Quarry Product/ material: _____
			☐ Mine / quarry operator ☐ Contractor to mines / quarries ☐ Supplier to mines / quarries ☐ Labour hire		☐ Underground – face Commodity mined: _____ ☐ Underground – non-face Commodity mined: _____ ☐ Open cut Commodity mined: _____ ☐ Processing Commodity mined: _____ ☐ Quarry Product/ material: _____
			☐ Mine / quarry operator ☐ Contractor to mines / quarries ☐ Supplier to mines / quarries ☐ Labour hire		☐ Underground – face Commodity mined: _____ ☐ Underground – non-face Commodity mined: _____ ☐ Open cut Commodity mined: _____ ☐ Processing Commodity mined: _____ ☐ Quarry Product/ material: _____
			☐ Mine / quarry operator ☐ Contractor to mines / quarries ☐ Supplier to mines / quarries ☐ Labour hire		☐ Underground – face Commodity mined: _____ ☐ Underground – non-face Commodity mined: _____ ☐ Open cut Commodity mined: _____ ☐ Processing Commodity mined: _____ ☐ Quarry Product/ material: _____
			☐ Mine / quarry operator ☐ Contractor to mines / quarries ☐ Supplier to mines / quarries ☐ Labour hire		☐ Underground – face Commodity mined: _____ ☐ Underground – non-face Commodity mined: _____ ☐ Open cut Commodity mined: _____ ☐ Processing Commodity mined: _____ ☐ Quarry Product/ material: _____

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

Appropriate Doctor's comments

SECTION 3: Examining medical officer to complete

(j) Diagnosed diseases

Was the worker diagnosed with a disease?

☐ Yes

☐ No

If Yes, please indicate the disease(s) diagnosed in the list below

	The diagnosed disease may have been contracted as a result of, or because of the contribution of, exposure to an airborne contaminant at a current or previous coal mine, mineral mine or quarry			The diagnosed disease may have been contracted as a result of, or because of the contribution of, exposure to an airborne contaminant at a current or previous coal mine, mineral mine or quarry	
asbestosis	☐	Yes ☐ No	scleroderma (systemic sclerosis)	☐	Yes ☐ No
benign asbestos-related pleural diseases including, for example, diffuse pleural thickening, and benign asbestos-related pleural effusion	☐	Yes ☐ No	rheumatoid arthritis	☐	Yes ☐ No
silicosis	☐	Yes ☐ No	other occupational auto-immune diseases (specify)	☐	Yes ☐ No
coal workers' pneumoconiosis	☐	Yes ☐ No	occupational bronchiolitis obliterans	☐	Yes ☐ No
mixed dust pneumoconiosis	☐	Yes ☐ No	diffuse dust-related pulmonary fibrosis	☐	Yes ☐ No
hard-metal pneumoconiosis	☐	Yes ☐ No	occupational asthma	☐	Yes ☐ No
baritosis	☐	Yes ☐ No	chronic beryllium disease	☐	Yes ☐ No
siderosis	☐	Yes ☐ No	other occupational granulomatous disorders (specify)	☐	Yes ☐ No
other pneumoconiosis (specify)	☐	Yes ☐ No	occupational hypersensitivity pneumonitis	☐	Yes ☐ No
chronic bronchitis	☐	Yes ☐ No	benign silica-related pleural disease	☐	Yes ☐ No
emphysema	☐	Yes ☐ No	legionellosis	☐	Yes ☐ No
other chronic obstructive pulmonary disease (specify)	☐	Yes ☐ No	silico-tuberculosis	☐	Yes ☐ No
mesothelioma	☐	Yes ☐ No	pneumococcal pneumonia	☐	Yes ☐ No
other cancer of the pleura, pericardium and peritoneum (specify)	☐	Yes ☐ No	other respiratory infection (specify)	☐	Yes ☐ No
occupational lung cancer (specify)	☐	Yes ☐ No	other disease (specify)	☐	Yes ☐ No

Other disease/infection(s) diagnosed:

SECTION 3: Examining medical officer to complete

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

<i>Practice stamp</i>	<i>.....</i> <i>Doctor's Signature</i>	Date / /
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