

QUICK REFERENCE GUIDES (QRGS) - MEDICAL REQUIREMENTS

This document has been created by BHP to provide guidance on Medicals NSWEC processing requirements. It does not override any legislative requirements as stipulated within the Order 43.

This document is intended to provide examples of what the various medicals look like and to assist contractor when submitting their medicals for processing.

Please follow the links to each type of medical:

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Colour Coding

The following coloured boxes are utilised throughout the document:

- **Mandatory Section – Must be completed.**
- **Mandatory Section if Relevant – not filled or ticked is acceptable**
- **Further Checking Required**

Health Management Plan

If a worker has a medical restriction flagged through the medical, the contracting company will be required to submit a health management plan with the medical for processing. This plan can be on a template of the company's choice. A health management plan should be developed in consultation with the worker and contracting company.

Additional Information & Coal Services Links:

Please also note medicals will not be accepted if:

- The Medical has not been signed by an Accredited Medical Provider. Information is available via: <https://www.coalservices.com.au/mining/workplace-safety-and-compliance/regulation-and-compliance/order-41-3/medical-practitioners-and-provider-training/>
- Details are incorrect or mandatory fields are incomplete

Additional information about the Coal Mine Workers' Health Scheme is available via:

<https://www.coalservices.com.au/mining/workplace-safety-and-compliance/regulation-and-compliance/order-41-3/>

1. Order 43 Medicals (Pre-Employment & Periodic Medicals)*

*Applies to Medicals completed on or after 01 July 2018.

Pg 1 – Either: Blue for External Providers or Yellow for Internal or CS Health Medicals



Confidential: the information contained in this document is confidential and only for the information of the intended recipient.



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Pg 2 – Generic Information Page



Overview

This preplacement medical assessment has been conducted as part of the requirements of NSW Coal Order 43. It must only be conducted by an approved Medical Practitioner. This medical is designed for any person about to commence work in the NSW Coal Industry for the first time or any Coal Mine Worker who has previously worked at a coal mine and is about to commence work at a different coal mine and includes the items outlined in Schedule 1 (reproduced below)

Schedule 1

1. Name and date of birth of the worker.
2. Name and registration number of the approved medical practitioner carrying out the Assessment.
3. Name and address of the person conducting the business or undertaking who requested the Assessment.
4. Date(s) the Assessment was carried out.
5. Detailed work history of the worker.
6. Detailed medical history, including any past or present disease or injury and any use of medication.
7. Spirometry and a review of the respiratory system, including the completion of a standardised respiratory questionnaire based on the MRC (UK) Respiratory Questionnaire 1986.
8. Hearing assessment, including audiometry.
9. Vision assessment, including visual fields and colour vision.
10. Full musculoskeletal assessment that pays particular attention to any previous injury or underlying condition.
11. Cardiovascular assessment.
12. Blood pressure assessment.
13. Urinalysis.
14. Body Mass Index (BMI).
15. Waist/Hip ratio.
16. Clinical examination and general health review, including tobacco smoking history, alcohol consumption and physical activity.
17. Neurological examination with particular attention to sensory or balance disorders, including the Romberg test for balance.
18. Respiratory fit-testing for a worker who will undertake tasks relating to production, processing or maintenance at a coal mine for the first time.
19. Review of any previous chest x-rays carried out in relation to the worker.
20. Review of any previous chest x-rays carried out in relation to the worker.
21. Conclusions and recommendations including:
 - a. any advice that test results indicate that the worker may have contracted a disease, injury or illness as result of carrying out the work.
 - b. overall fitness of the worker for the proposed position, including any recommendations or work restrictions Privacy and confidentiality

A) Order 43 Pre-Employment Medical

Pg 3 –



Order 43 Preplacement Medical Assessment Report

Full name	
Date of birth	
Employer	
SEG	
Date of assessment	Click or tap to enter a date.

Pre-employment medical valid for 3 years, if stay with same employer and role.

If changing employer, but staying in the same role: Pre-employment medicals valid for 1 year, after 1 year, new pre-employment medical required.

If changing role: New pre-employment medical required.

Determination

<input type="checkbox"/>	GREEN	Medically fit and healthy in relation to the occupational demands of their usual role.
<input type="checkbox"/>	AMBER	Has a stable medical condition that imposes a restriction on some aspect of their usual role
<input type="checkbox"/>	AMBER	Has a medical condition that requires ongoing medical monitoring.
<input type="checkbox"/>	RED	Has a medical condition that will result in an unacceptable safety or health risk or a condition that prevents them from performing the occupational demands of their usual role.

For medicals to be accepted a valid X-Ray must be available. If yes – X-Ray date may be included on this medical or evidence provided as a separate attachment. Date of X-Ray needs to be provided to allow data upload.

Chest x-ray current (as per Order 43 requirements)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If no – the medical will be rejected, and direction to source medical to be uploaded provided back.

Recommendations / Restrictions

Any test results indicating a disease, illness or injury as a result of carrying out the work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments		

July 2018



Follow up

Review Type		Review Time	
Periodic medical	<input type="checkbox"/>	1 month	<input type="checkbox"/>
Medical review	<input type="checkbox"/>	3 months	<input type="checkbox"/>
Vision	<input type="checkbox"/>	6 months	<input type="checkbox"/>
Audiometry	<input type="checkbox"/>	12 months	<input type="checkbox"/>
Vision and audiometry	<input type="checkbox"/>	2 years	<input type="checkbox"/>
Spirometry	<input type="checkbox"/>	3 years	<input type="checkbox"/>

Must select review type. For a standard review "Periodic" Medical will be selected.

For Other review types additional information may or may not be captured in the comments section.

3 years maximum review timeframe.

Interim review may be requested. This may or may not be detailed in the Comments Section.

Comments

Signature Registered Nurse: <i>(if applicable)</i>	Name:
	ARN* number:
	Date: Click or tap to enter a date.
Signature Medical Practitioner:	Name:
	AMP** number:
	Date: Click or tap to enter a date.

Must be signed by an approved medical provider.

* Coal Services Approved Registered Nurse number.
 ** Coal Services Approved Medical Practitioner number.

B) Order 43 - Periodic Medicals



Order 43 Periodic Medical Assessment Report

Full name	
Date of birth	
Employer	
SEG	
Date of assessment	Click or tap to enter a date.

Must be an Order 43 Medical if completed after 01/07/2018.

Determination	
Coal Mine Worker can continue to carry out the work? Comments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Remedial measures required? Comments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any test results indicating a disease, illness or injury as a result of carrying out the work? Comments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical counselling required? Comments	Yes <input type="checkbox"/> No <input type="checkbox"/>

If fitness for work issues flagged here or in the comments / follow up section – then a health management plan is required.

Chest x-ray current (as per Order 43 requirements)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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For medicals to be accepted a valid X-Ray must be available. If yes – X-Ray date may be included on this medical or evidence provided as a separate attachment. Date of X-Ray needs to be provided to allow data upload.

If no – the medical will be rejected, and direction to source medical to be uploaded provided back.

July 2018



Follow up

Review Type		Review Time	
Periodic medical	<input type="checkbox"/>	1 month	<input type="checkbox"/>
Medical review	<input type="checkbox"/>	3 months	<input type="checkbox"/>
Vision	<input type="checkbox"/>	6 months	<input type="checkbox"/>
Audiometry	<input type="checkbox"/>	12 months	<input type="checkbox"/>
Vision and audiometry	<input type="checkbox"/>	2 years	<input type="checkbox"/>
Spirometry	<input type="checkbox"/>	3 years	<input type="checkbox"/>

Must select review type. For a standard review "Periodic" Medical will be selected.

For Other review types additional information may or may not be captured in the comments section.

Comments

3 years maximum review timeframe.

Interim review may be requested. This may or may not be detailed in the Comments Section.

Signature Registered Nurse: <i>(if applicable)</i>	Name:
	ARN* number:
	Date: Click or tap to enter a date.
Signature Medical Practitioner:	Name:
	AMP** number:
	Date: Click or tap to enter a date.

Must be signed by an approved medical provider.

* Coal Services Approved Registered Nurse number.
 ** Coal Services Approved Medical Practitioner number.

2. Order 41 Medicals (Pre-Employment & Periodic Medicals)#

#All medicals completed from the 01/07/2018 must be completed as Order 43. Medicals still valid (within 3 years of completion date) will continue to be accepted.

Part D of the Order 41 is the only part of the medical which is required (i.e. earlier pages not required).

A) Order 41 - Pre-Employment Medical

NSW Coal Industry – Preplacement Medical Assessment

Part D – Certificate of Fitness

Name	
Date of Birth	
Employer	
Site	
Position	
Examined by	
Date	

Pre-employment medical valid for 3 years, if stay with same employer and role.

If changing employer, but staying in the same role: Pre-employment medicals valid for 1 year, after 1 year, new pre-employment medical required.

If changing role: New pre-employment medical required.

Medicals completed from 01/7/2018 on this template are NOT VALID.

<input type="checkbox"/>	GREEN	Medically fit and healthy in relation to the occupational demands of their usual role.
<input type="checkbox"/>	AMBER	Has a stable medical condition that imposes a restriction on some aspect of their usual role; or Has a medical condition that requires ongoing medical monitoring.
<input type="checkbox"/>	RED	Has a medical condition that will result in an unacceptable safety or health risk or a condition that prevents them from performing the occupational demands of their usual role.

If fitness for work issues flagged here or in the comments / follow up section
If fitness for work issues flagged, then health management plan required.

Comments:

Review dates (shorter than 3 years) may be specified in this section. Comments specific to fitness for work issue may also be listed in this section.

Chest x-ray current (as per Order 41 requirements) Yes No

Medical Practitioner/Practice details or stamp	Name
	Signature

If fitness for work issues flagged, then health management plan required.

Disclaimer: This document is provided to the employer as a certificate of fitness only, and is not intended to serve as a certificate of compliance with Order 41. For information regarding compliance with Order 41, please contact CS Health on (02) 6571 9900.

If medical practitioner is not CS Health, need to provide evidence have submitted medical to CS Health for uploading (i.e. email record).

For medicals to be accepted a valid X-Ray must be available.
If yes – X-Ray date may be included on this medical or evidence provided as a separate attachment. Date of X-Ray needs to be provided to allow data upload.

If no – the medical will be rejected, and direction to source medical to be uploaded provided back.

B) Order 41 - Periodic Medical

NSW Coal Industry – Periodic Health Assessment

Part D – Attendance Certificate

Name	
Date of Birth	
Employer	
Site	
Position	
Examined by	
Date	

Valid for a maximum of 3 years following the date of assessment.

Medicals completed from 01/7/2018 on this template are NOT VALID.

For medicals to be accepted a valid X-Ray must be available.
If yes – X-Ray date may be included on this medical or evidence provided as a separate attachment. Date of X-Ray needs to be provided to allow data upload.

This is to certify that the above-mentioned person has been assessed according to the requirements of Periodic Health Surveillance outlined in the NSW Coal Industry Order 41.

If no – the medical will be rejected, and direction to source medical to be uploaded provided back.

Chest x-ray current	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Comments:

Review dates (shorter than 3 years) may be specified in this section. Comments specific to fitness for work issue may also be listed in this section.

Medical Practitioner/Nurse/Practice Details or Stamp	Name
	Signature

If fitness for work issues flagged, then health management plan required.

If medical practitioner is not CS Health, need to provide evidence have submitted medical to CS Health for uploading (i.e. email record).

3. Order 43 - Site Induction Medical Assessment Certificate[^]

[^]Applies to Medicals completed on or after 01 July 2018.

This medical is only to be used by workers who do not meet the definition of a Coal Mine Worker (CMW) under the Order 43 legislation.

Use of this medical requires approval by HSE and Mine Engineering Manager, as specified in *MAC-STE-PRO-021 Access & Induction*.

Site Induction Medical Assessment Certificate

Full name	
Date of birth	
Employer	
Date of assessment	

Valid for a maximum of 3 years following the date of assessment.

Determination

<input type="radio"/>	GREEN	Medically fit and healthy in relation to the occupational demands of their usual role.
<input type="radio"/>	AMBER	Has a stable medical condition that imposes a restriction on some aspect of their usual role.
<input type="radio"/>	AMBER	Has a medical condition that requires ongoing medical monitoring.
<input type="radio"/>	RED	Has a medical condition that will result in an unacceptable safety or health risk or a condition that prevents them from performing the occupational demands of their usual role.

If fitness for work issues flagged here or in the comments / follow up section – then a health management plan is required.

Review dates (shorter than 3 years) may be specified in this section. Comments specific to fitness for work issue may also be listed in this section.

Recommendations / Restrictions

Signature Medical Practitioner:	Name:
	Date:

Must be signed by an approved medical provider.