

## **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 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: <u>https://www.coalservices.com.au/mining/workplace-safety-and-compliance/regulation-and-compliance/order-41-3/medical-practitioners-and-provider-training/</u>

• Details are incorrect or mandatory fields are incomplete

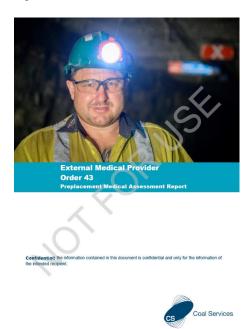
Additional information about the Coal Mine Workers' Health Scheme is available via: <u>https://www.coalservices.com.au/mining/workplace-safety-and-compliance/regulation-and-compliance/order-41-3/</u>



# 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





CS Health

Pg 2 – Generic Information Page





# A) Order 43 Pre-Employment Medical



Order 43 Preplaceme	nt Medical Asse	ssment Report	-	Pre-employment medical valid for 3 years, if stay with same employer and role.
Full nameDate of birthEmployerSEGDate of assessment	Click or tap to enter a date.		*	If changing employer, but staying in the same role: Pre- employment medicals valid for 1 year, after 1 year, new pre- employment medical required.
Determination	and healthy in relation to the		If changing role: New pre- employment medical required.	
AMBER Has a stable usual role AMBER Has a medica AMBER Has a medica RED Has a medica usual role.	medical condition that impo al condition that requires on al condition that will result in t prevents them from perfor		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	
Chest x-ray current (as per Order 4 Recommendations / Restric		Yes No		upload. If no – the medical will be rejected, and direction to source medical to be uploaded provided back.
Any test results indicating a dise carrying out the work? Comments	ase, illness or injury as a	result of Yes D No D		

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4 – Coal Services			-*	Must select review type. For a standard review "Periodic" Medical will be selected.
Follow up Review Type Periodic medical	▼	For Other review types additional information may or may not be captured in the comments section.		
Medical review		month  months		3 years maximum
Vision		months		review timeframe.
Audiometry		2 months		
Vision and audiometry	2	years		Interim review may be requested. This may or
Spirometry	3	years 🗌	->	may not be detailed in
Comments				the Comments Section.
	6	2-		
Signature Registered Nurse: (if applicable)		Name:		
		ARN* number:		
		Date: Click or tap to enter a date.	-	
Signature Medical Practitioner:		Name:		Must be signed by an
		AMP** number:		approved medical provider.
		Date: Click or tap to enter a date.	L	

\* Coal Services Approved Registered Nurse number.

\*\* Coal Services Approved Medical Practitioner number.

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## B) Order 43 - Periodic Medicals



Order 43 Periodic Me	dical Assessme	ent Report	t					
Full name								Must be an Order 43 Medical i completed after 01/07/2018.
Date of birth						$\neg$		
Employer					/			
SEG								
Date of assessment	Click or tap to enter a	date.						
Determination		_		~	7			
Coal Mine Worker can continue	to carry out the work?		Yes		No			If fitness for work issues flagged here or in the
Comments							_	comments / follow up section - then a health management plan is required.
Remedial measures required?			Yes		No			
Comments								
Any test results indicating a disc carrying out the work? Comments	ease, illness or injury as	a result of	Yes		No			
Medical counselling required?			Yes		No			
Comments			163		NO			
Chest x-ray current (as per Order	43 requirements)	Yes [			No			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.
					July 2	018		If no – the medical will be
					,			rejected, and direction to source medical to be uploaded provided back.



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Coal Services			
Follow up		For "Pe	st select review type. a standard review priodic" Medical will be ected.
Review Type         Periodic medical         Medical review         Vision         Audiometry         Vision and audiometry         Spirometry	Review Time         1 month         3 months         6 months         12 months         2 years         3 years	add ma cap cor 3 y rev Int rec ma	<ul> <li>Other review types ditional information y or may not be burned in the nments section.</li> <li>wears maximum view timeframe.</li> <li>erim review may be quested. This may or ay not be detailed in a Comments Section.</li> </ul>
Signature Registered Nurse: (If applicable)	Name: ARN* number:		
Signature Medical Practitioner:	Date: Click or tap to enter a date. Name: AMP** number:	a	ust be signed by an oproved medical ovider.
	Date: Click or tap to enter a date.		

\* Coal Services Approved Registered Nurse number.

\*\* Coal Services Approved Medical Practitioner number.

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Pre-employment medical

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

<sup>#</sup>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.

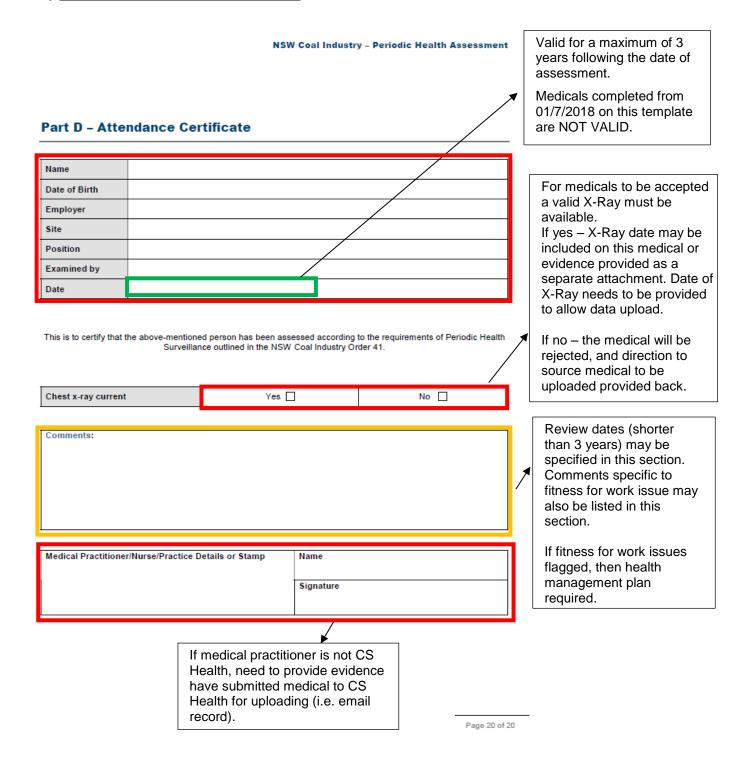
Part D of the Order 41 is the only part of the medical which is required (i.e. earlier pages not required).

## A) Order 41 - Pre-Employment Medical

				valid for 3 years, if stay with same employer and role.
Part D – Cert	NSW Coa	I Industry – Preplacement Media	cal Assessment	If changing employer, but staying in the same role: Pre-employment medicals valid for 1 year, after 1 year, new pre-employment medical required.
Date of Birth Employer				If changing role: New pre- employment medical required.
Site Position Examined by			Medicals completed from 01/7/2018 on this template are NOT VALID.	
Date				
GREEN       Medically fit and healthy in relation to the occ         AMBER       Has a stable medical condition that imposes or         Has a medical condition that requires ongoin         Has a medical condition that requires ongoin         Has a medical condition that will result in an prevents them from performing the occupation		es a restriction on some aspect of their bing medical monitoring. In unacceptable safety or health risk or	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
Chest x-ray current	(as per Order 41 requirements)	Yes 🗌	No 🗌	fitness for work issue may also be listed in this section.
Medical Practitione	r/Practice details or stamp	Name Signature		If fitness for work issues flagged, then health management plan required.
	cument is provided to the employer as a ce with Order 41. For information regard			
Health, need the have submitte	ctitioner is not CS o provide evidence d medical to CS bading (i.e. email	avail If yes medi attac allow	able. s – X-Ray date m ical or evidence p hment. Date of X v data upload.	cepted a valid X-Ray must be ay be included on this provided as a separate X-Ray needs to be provided to I be rejected, and direction to
				uploaded provided back.



## B) Order 41 - Periodic Medical





# 3. Order 43 - Site Induction Medical Assessment Certificate<sup>^</sup>

^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

