**Health surveillance report   
for respiratory health surveillance of mineral mine and quarry workers**

# About this form

The [Mining and Quarrying Safety and Health Regulation 2017](https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2017-0166) (the Regulation) provides for mineral mine and quarry workers to undertake periodic respiratory health surveillance.

Section 145D of the Regulation requires the Appropriate Doctor to provide a health surveillance report. This is the template recommended by Resources Safety and Health Queensland (RSHQ) to be used by the Appropriate Doctor. The report summarises the examination outcome and documents any effects on a person’s health related to their exposure to respiratory hazards at a mine or quarry, and any remedial action required.

This report must not include medical records from the examinations or the associated examination form. These examinations may be documented using the RSHQ recommended template [respiratory health surveillance medical examination form](https://www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/medicals/mineral-mines-quarries-respiratory-health).

**The completed examination form and associated medical records must not be provided to the site senior executive (or employer) without the consent of the worker.** The examination 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).

# Instructions for completing the respiratory health surveillance report

1. The Appropriate Doctor prepares this report following a review of the findings of the respiratory health examinations.
2. The Appropriate Doctor must provide a copy of the respiratory health surveillance report to the:
3. site senior executive (or their appointed agent), and
4. worker, including an explanation of the report.
5. If requested by the worker, the Appropriate Doctor may provide the respiratory health surveillance report to the worker’s employer or another doctor nominated by the worker.

If a site senior executive has not been identified at the time of the report, the site senior executive’s obligation remains to ensure respiratory health surveillance is properly arranged. The site senior executive should ensure a copy of the report is obtained from the employer, Appropriate Doctor or worker.

**The site senior executive must report any** [**prescribed diseases**](https://www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/accidents-incidents-reports/report-prescribed-disease) **under section 195(6) of the *Mining and Quarrying Safety and Health Act 1999.***

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# Section 1: Worker details

|  |  |  |  |
| --- | --- | --- | --- |
| (a) Family name | |  | |
|  | | | |
| (b) Given name(s) | |  | |
|  | | | |
| (c) Date of birth | |  | |
|  | | | |
| (d) Employer | |  | |
|  | | | |
| (e) Name of mine or quarry | |  | |
|  | | | |
| (f) Name of site senior executive | |  | |
|  | | | |
| (g) Worker’s proposed/current position | |  | |
|  |  | | |
| (h) Date the medical examination was completed (DD/MM/YYYY) | | |  |

# Section 2: Summary of respiratory health examinations

Medical examinations must be undertaken by providers that have appropriate qualifications, experience and meet relevant standards. These requirements are detailed at [www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/medicals/mineral-mines-quarries-respiratory-health](http://www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/medicals/mineral-mines-quarries-respiratory-health).

|  |  |  |  |
| --- | --- | --- | --- |
| (a) | Date of the worker’s most recent spirometry: |  | |
|  |  |  |  |
| (b) | The worker has had a comparative assessment of their spirometry? | Yes | No |
|  | If *no*, |  |  |
|  | i. Was this the first or baseline assessment? | Yes | No |
|  | ii. Was a previous examination report available for comparison? | Yes | No |
|  |  |  |  |
| (c) | Date of the worker’s most recent chest x-ray: |  | |
|  |  |  |  |
| (d) | Date of dual-read ILO classification report by B-readers: |  | |
|  |  |  |  |
| (e) | Please specify any respiratory health examinations that were not undertaken due to exceptional circumstances: | | |
|  |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Note: An Appropriate Doctor has the discretion to delay an examination for up to 12 months in exceptional circumstances. The Appropriate Doctor will consider the risks associated with the examination against the risks of not doing the examination (section 145I of the Regulation)* | | |
|  |  |  |  |
| (f) | I have reviewed the results of the worker and they: |  |  |
|  |  |  |  |
|  | i. display indications of adverse health effects that may be attributed to exposure to a respiratory hazard at the mine or quarry | Yes | No |
|  | Appropriate Doctor’s comments: |  |  |
|  |  | | |
|  |  |  |  |
|  | ii. has been diagnosed with the following disease(s): |  |  |
|  | * asbestosis | Yes | No |
|  | * chronic obstructive pulmonary disease | Yes | No |
|  | * legionellosis | Yes | No |
|  | * occupational asthma | Yes | No |
|  | * occupational cancer | Yes | No |
|  | * silicosis | Yes | No |
|  | *Note: These diseases are reportable under section 195(6) of the Mining and Quarrying Safety and Health Act 1999 by the site senior executive to an inspector and a district workers’ representative.*  *Further information available at* [*www.business.qld.gov.au/industries/mining-energy-water/resources/minerals-coal/reports-notices/safety-health-mineral*](http://www.business.qld.gov.au/industries/mining-energy-water/resources/minerals-coal/reports-notices/safety-health-mineral)*.* | | |
|  |  |  |  |
| (g) | I have advised the worker to seek further advice as to the treatment/management of their medical condition from their treating medical practitioner | Yes | No |
|  |  |  |  |
| (h) | Based upon the respiratory health examinations undertaken, the following remedial actions are recommended (if necessary, outline a management program or attach further information): | | |
|  |  | | |
|  |  |  |  |
| (i) | The recommended date of the next full respiratory health surveillance (DD/MM/YYYY) |  | |
|  |  |  |  |
| (j) | Respiratory examination(s) are required prior to the next full respiratory health surveillance (DD/MM/YYYY) | | |
|  | i. chest examination |  | |
|  |  |  | |
|  | ii. spirometry |  | |
|  | iii. comparative assessment of spirometry |  | |
|  |  |  |  |
|  | iv. chest x-ray examination and further reading of the chest x-ray |  | |

|  |  |  |
| --- | --- | --- |
|  | v. another examination |  |
|  | Please specify the other examination/s: | |
|  |  | |

## Section 3: Declaration

An Appropriate Doctor must have appropriate qualifications, experience and meet relevant standards. These requirements are detailed at [www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/medicals/mineral-mines-quarries-respiratory-health](http://www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/medicals/mineral-mines-quarries-respiratory-health).

|  |  |  |
| --- | --- | --- |
| (a) | I have provided a copy of this report to the site senior executive, or appointed agent (required by s145D(3)(a) of the Regulation) | Yes |
| (b) | I have provided a copy and explanation of this report to the worker (required by s145D(3)(b) of the Regulation) | Yes |
| (c) | I have provided a copy of this report to the worker’s employer as requested by the worker (indicated in section 2.5(a) of the respiratory health surveillance medical examination form) | Yes  Not requested |

### Appropriate Doctor’s details

|  |  |  |
| --- | --- | --- |
| (c) Date of report | |  |
|  | | |
| (d) Name |  | |
|  | | |
| (e) Practice name |  | |
|  | | |
| (f) RSHQ registration number for supervising doctor (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*](http://www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/medicals/register-provider)*.* | | |
|  | | |
| (g) Address |  | |
|  | | |
| (h) Telephone number |  | |
|  | | |
| (i) Email address |  | |
| (j) Signature | |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Practice stamp* | ………..…………………………………*Appropriate Doctor’s Signature* | Date / / |