Health Surveillance (respiratory) assessment report   
**(Copy to worker and SSE) August 2017 Version 1.0**

[**QGL02 Guideline for the Management of Respirable Crystalline Silica in Queensland Mineral Mines and Quarries**](https://www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/legislation-standards/recognised-standards)

## Medical Practitioner to complete

### Worker details

|  |  |
| --- | --- |
| Family name |  |
|  | |
| Given name(s) |  |
|  | |
| Date of birth |  |
|  | |
| Employer |  |
|  | |
| Mine / Quarry |  |
|  | |
| Worker’s proposed/current position |  |
|  |  |
| Date of medical examination *(DD/MM/YYYY)* |  |

### Respiratory Function and Examination and Chest x-ray summary

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | | | | | | | |
| Date of the worker’s previous respiratory function examination *(DD/MM/YYYY)* | | |  | | | | | | |
|  | | |  | | | | | | |
| I have made a comparative assessment of their respiratory function | | | | | | | * Yes | * No | | | |
|  | | | | | | | | | |
| Date of the worker’s last chest x-ray examination | | |  | | | | | | |
|  | | | | |  | | | | | | | |
| Name of radiologist and practice |  | | | | | | |
|  | | |  | | | | | | |
| I have reviewed the results of the worker whose name above, and  in my opinion this worker  *(tick all boxes that apply):* | | | | | | | | | | | | |
| * Has no evidence of adverse respiratory effects related to silica exposure | | | | |  | | | |
| * Has evidence of respiratory disease that may be related to silica exposure | | | | |  | | | |
| * Has been diagnosed with a prescribed respiratory disease (Schedule 1A of the Mining and Quarrying Safety and Health Regulation 2001) | | | | |  | | | |
| * Has findings unrelated to silica exposure and I have advised that they follow up with their usual doctor. | | | | |  | | | |
|  | | | | | | | | |
| It is my opinion that the worker  *(tick all boxes that apply):* | | | | | | | | |
| * Is fit to undertake the proposed current position, including exposure to crystalline silica. | | | | |  | | | |
| * Requires further investigation prior to a determination regarding fitness to work with crystalline silica being made: | | | | |  | | | |
|  | | | | | | | | |
| * Is fit to undertake the proposed/ current position, including exposure to crystalline silica, with the following restrictions: | | | | |  | | | |
|  | | | | | | | | |
| * Is unfit to work with crystalline silica. | | | | |  | | | |
|  | | | | |  | | | |
| I have explained the findings of this report to the worker | | | | |  | | | |

## Appropriate doctor[[1]](#footnote-1) signature and date

|  |  |
| --- | --- |
| Date |  |
| Name |  |
| Practice / contact details |  |

1. |  |  |
   | --- | --- |
   | **Appropriate Doctor** | A doctor registered with the Australian Health Practitioner Regulation Agency (AHPRA) as a specialist in occupational medicine or have an Australian Qualifications Framework (AQF) Level 8 or above in occupational medicine.  The appropriate doctor must have demonstrated knowledge of the risks associated with activities performed by the mine’s workers. |

   [↑](#footnote-ref-1)