



## **CMSHR 3 – Former worker assessment form**

### **Section 1 – Former mine or quarry worker (former worker) to complete**

#### **Instructions for former workers:**

##### **Eligibility**

RSHQ will use the information you supply in this form to assess your eligibility for a former worker assessment. You may be eligible for a former worker assessment if:

1. You were a coal mine, mineral mine or quarry worker for at least 3 years in total over your lifetime, with at least 6 months of your mining experience in Queensland. Note: You may be asked to supply evidence of your work history, such as pay slips or tax returns; and
2. You have now permanently stopped being a coal mine, mineral mine or quarry worker; and
3. It has been at least 5 years since your most recent assessment.

**Note:** Your most recent assessment can be less than 5 years ago if a doctor has recommended a sooner assessment, as shown in your last health assessment record or if specified on a medical certificate that you have symptoms that may indicate a respiratory disease caused by exposure to dust.

##### **How to apply**

Section 1 should be used by former Queensland coal mine, mineral mine or quarry workers to apply to Resources Safety and Health Queensland (RSHQ) for a free former worker assessment (lung health check).

Former workers can apply for a free former worker health assessment by completing Section 1 and sending to RSHQ. If you are attending a former worker assessment but have not applied in advance, you will need to complete Section 1 before you undergo your assessment and provide this to the medical provider.

Please read the section “Eligibility” above before completing this form.

The former worker must complete all of Section 1 including the consent and declaration components. Questions such as work history and health assessment history should be completed to your best recollection. RSHQ or the medical provider will talk with you further about your responses if clarification is needed.

To apply, send Section 1 of this form to RSHQ via email at [FormerWorker@rshq.qld.gov.au](mailto:FormerWorker@rshq.qld.gov.au), or via post to GPO Box 1321 Brisbane City QLD 4001.

##### **Next steps**

Once you have submitted your application, RSHQ will contact you if any further information is required, such as to request any records or information about your employment, and to advise if you are approved for a former worker assessment. You should still apply if you do not have any formal records available – RSHQ will contact you about other options.

You may then be contacted by an RSHQ-appointed medical provider to arrange an appointment.

RSHQ may give the information contained in your Section 1 to RSHQ-appointed medical providers for the purpose of arranging and completing your former worker assessment.

##### **Further information and assistance**

For more information about former worker assessments, including help with completing this form, workers' compensation pathways or to access support services, you can contact the Mine Dust Health Support Service on 1300 445 715. You can also access more information on former worker assessments, including options for travel support, on our [website](#).

## Section 1 – Former mine or quarry worker (former worker) to complete

### 1.1 Former worker's details

(a) Family name

(b) First name

(c) Middle name

(d) Previous names  
(if changed since last health assessment)

(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

Please note: By providing an alternate contact person, you consent to RSHQ and approved medical providers contacting this person, including to discuss your application and to arrange your assessment.

(l) Alternate contact name

(m) Alternate contact telephone number or email address (optional)

(n) Preferred method of communication

Phone

Email

(o) How did you learn about the free former worker health assessments?

Family/Friend                      Doctor                      Union/Retired worker association/support group

Social media/internet              TV                      Radio                      Advertising

Details:

Other

## 1.2 Work history

Your work history is used by RSHQ to determine your eligibility, and by the medical provider to understand your potential exposures to occupational health hazards during your career.

### 1.2.1 Coal mining history

- (a) Have you ever worked in a Queensland coal mine?  
*If yes, please answer section 1.2.1. If no, please move to question 1.2.2* Yes No
- (b) In total, how many years have you worked in a Queensland coal mine?
- (c) When did you first start work in the coal mining industry?
- Started work underground
  - Started work aboveground
- (d) How many total years did you work in the coal mining industry?
- Underground
  - Aboveground
- (e) When did you permanently stop working in the coal mining industry? (If exact date is unknown give an approximate date)
- (f) How many years did you work at the face?

### 1.2.2 MMQ work history

- (a) Have you ever worked in a Queensland mineral mine or quarry?  
*If yes, please answer section 1.2.2. If no, please move to question 1.2.3* Yes No
- (b) In total, how many years have you worked in a Queensland mineral mine or quarry?
- (c) If you worked at a mineral mine, how many years did you work at the face?
- (d) When did you first start work in the mineral mining or quarrying industry?  
*Answer all that apply:*
- Started work underground in a mineral mine
  - Started work aboveground in a mineral mine
  - Started work at a quarry
- (e) How many total years did you work in the mineral mining or quarrying industry?
- Years underground in mineral mine
  - Years aboveground in mineral mine
  - Years in a quarry

1.2.3 Name, location and contact details (if known) of the employer or company you worked for at your last Queensland coal mine, mineral mine or quarry?

NOTE: RSHQ may ask you to supply further information as evidence of your previous employment in a Queensland mine or quarry, and may contact your previous employer/s to confirm your employment history. Where this is not possible, RSHQ will discuss other options with you.

i) Employer/Company name

ii) Address

iii) Contact name

iv) Contact phone number

v) Contact email address

1.2.4 (i) Did you wear a respirator at work? Yes No  
(excluding self-rescue breathing devices)

*If Yes, answer*

(ii) What type (mark all that apply)

- a. Dust mask (disposable)
- b. Half-face mask (other than disposable)
- c. Full-face
- d. Powered air-purifying hood/helmet

1.2.5 Have you ever worked for more than one year in any other dusty 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 (e.g. agriculture, farming, textiles, forestry)

1.2.6 Previous coal mine, mineral mine and quarry position(s)

Job description	Mine name (and State/ Country if not Queensland)	Employer's business or trading name	Employer type	Start year/End year	Mine and quarry type and work location
			<input type="checkbox"/> Mine/quarry operator <input type="checkbox"/> Contractor to mines/quarries <input type="checkbox"/> Supplier to mines/quarries <input type="checkbox"/> Labour hire		<input type="checkbox"/> Underground – face <input type="checkbox"/> Underground – non-face <input type="checkbox"/> Underground – surface <input type="checkbox"/> Open cut <input type="checkbox"/> Processing <input type="checkbox"/> Quarry Commodity mined:
			<input type="checkbox"/> Mine/quarry operator <input type="checkbox"/> Contractor to mines/quarries <input type="checkbox"/> Supplier to mines/quarries <input type="checkbox"/> Labour hire		<input type="checkbox"/> Underground – face <input type="checkbox"/> Underground – non-face <input type="checkbox"/> Underground – surface <input type="checkbox"/> Open cut <input type="checkbox"/> Processing <input type="checkbox"/> Quarry Commodity mined:
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			<input type="checkbox"/> Mine/quarry operator <input type="checkbox"/> Contractor to mines/quarries <input type="checkbox"/> Supplier to mines/quarries <input type="checkbox"/> Labour hire		Underground – face <input type="checkbox"/> Underground – non-face <input type="checkbox"/> Underground – surface <input type="checkbox"/> Open cut Processing Quarry Commodity mined:

### 1.3 Health-related history

- (a) Have you previously had a coal mine worker health assessment, former worker assessment, or a mineral mine or quarry respiratory health examination? Yes  No   
*If yes, answer 1.3(b) and 1.3(c)*
- (b) Please advise what form of assessment you undertook.
- (c) What year was the most recent health assessment or examination conducted?
- EMO's comments

- 1.4 RSHQ has a register of approved providers able to complete the assessment, including the mobile health unit and approved medical providers in your local area.

Please indicate if you have a preference on the type of provider that you would like to attend.

**Important:**

If you prefer to attend the mobile health unit, please note that the unit may not be scheduled to offer assessments in your location for some time. If this is the case, RSHQ recommends that you consider seeing a local approved medical provider. You should do so at your earliest convenience if you have any concerns about your respiratory health. If you choose to attend the mobile health unit or another provider in a location that is further away than your nearest provider, RSHQ may be unable to assist with your travel to that location (see RSHQ travel policy for more information).

Mobile health unit	Local approved medical provider	No preference
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### 1.5 Former mine and/or quarry worker privacy, consent and declaration

- (a) **Privacy statement**  
RSHQ is collecting your personal information, which forms part of your medical record, under the Coal Mining Safety and Health Regulation 2017 or Mining and Quarrying Safety and Health Regulation 2017 to identify and monitor medical conditions and improve health outcomes for current and future mine and quarry workers. By completing this form, you agree to the information you supply being given to medical experts for the purpose of completing your health assessments as required under these Regulations. For example, RSHQ may provide your information to a medical provider to contact you and commence your approved former worker assessment. If you identified an alternate contact person, you agree to RSHQ and medical providers contacting this person, including to discuss your application and to arrange your assessment. RSHQ may disclose your information for research purposes if approved by an ethics committee, or to the extent necessary to carry out an assessment or review. RSHQ will not otherwise disclose your information unless authorised or required by law.

- (b) **Consent to disclose prior health assessment records to your approved medical provider**  
Your approved medical provider may request your previous health assessment records (if available) from RSHQ as part of completing your former worker assessment. This is to provide a more complete picture of your work history and health, including any changes over time. Your consent is required before RSHQ can release any of your previous health assessments, apart from your prior spirometry and chest x-ray reports. Your consent is sought to provide these records to your approved medical provider. If you do not consent, your approved medical provider may ask you to consent at a later time. You do not need to consent to the release of your prior health assessments in order to undergo a former worker assessment. If you consent, proof of your identity is required. Please include a photocopy of your photo identification, for example a current driver's licence and/or passport.

Please tick the relevant box below to indicate your consent:

I consent <input type="checkbox"/>	I do not consent <input type="checkbox"/>
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(c) **Consent to disclose personal and medical information for auditing and review**

To ensure the effectiveness and quality of health assessments, RSHQ may need to disclose your personal information and medical records to third parties for review and audit. These third parties may be located in Australia or overseas, and will be bound by contractual arrangements which protect your information in accordance with the *Information Privacy Act 2009*.

For example, RSHQ may need to disclose your medical records to auditors to ensure examinations are completed correctly, such as:

- To check chest x-ray images are examined in accordance with the ILO International Classification of Radiographs of Pneumoconioses;
- That the Standards for the Delivery of Spirometry for Resource Sector Workers are followed in performing spirometry tests;
- That clinical and administrative decisions are complete and accurate, including that any follow-up investigations are undertaken as per the Clinical Pathways Guideline.

Your records will only be accessed by the relevant third party for the purpose of the review or audit, and no identifiable data will be published. The third party will not keep your records once their work is complete. The results will be returned to RSHQ who may inform the following persons of the results:

- Your supervising doctor or other referring medical practitioner; and/or
- Medical practitioners involved in providing services for your health assessment.

The results may only be shared with other parties if the results are in a de-identified format. Your personal information and medical records will not be disclosed for other purposes without your consent unless if authorised or required by law.

Your participation will ensure the Scheme protects workers from adverse health effects of mining hazards, and help with the early detection of mine dust lung disease.

Please tick the relevant box below to indicate your participation:

**I consent**

**I do not consent**

(d) **Former worker's declaration**

I have considered the privacy statement and consent request, and certify to the best of my knowledge that the above information supplied by me is true and correct.

<b>Signature</b>	<b>Date</b> /    /
<b>Witness</b>	<b>Date</b> /    /