



Section 4 – Appointed Medical Adviser (AMA) to complete

Health assessment report

4.1 Coal Mine Worker (worker) details

(a) Family name	Cavanagh
(b) First name	Michael
(c) Middle name	Lawrence
(d) Date of birth	11/01/1975
(e) Employer	Vulcan Mine Management Pty Ltd
(f) Name of Mine	Vulcan Mine
(g) Worker's proposed/current position	Other Specialist Manager Not Elsewhere Specified (nec1)
(h) Date of examination by Examining Medical Officer (EMO)	22 October 2021

4.2 Respiratory function and chest x-ray summary

(a) Date of the coal mine worker's previous respiratory function examination if known/applicable	23/09/2016	<input type="checkbox"/> No previous examination <input type="checkbox"/> Unknown
(b) The coal mine worker has had a comparative assessment of their respiratory function	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If No</i>		
i. Was this the first or baseline assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Was a previous health assessment available for comparison?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Date of the coal mine worker's most recent chest x-ray:	12/11/2021	
(d) Date of ILO classification by Lungscreen Australia <i>NOTE: an ILO classification completed by University of Illinois at Chicago B-readers can be used for chest X-rays taken before 1 March 2019.</i>	13/11/2021	
(e) I have reviewed the results of the coal mine worker whose name appears in section 4.1a (above), and the worker (tick all boxes that apply):		
i. displays indications of adverse health effects that may be attributed to exposure to a causative agent at the mine	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ii.	<input type="checkbox"/> chronic obstructive pulmonary disease	
1. has been diagnosed with the following prescribed disease(s) by a respiratory physician following the Clinical Pathway:	<input type="checkbox"/> coal workers' pneumoconiosis	
	<input type="checkbox"/> silicosis	
2. has been diagnosed with legionellosis	<input type="checkbox"/>	
3. has not been diagnosed with one of these diseases	<input checked="" type="checkbox"/>	
(f) I have advised the worker to seek further advice as to the treatment/management of their medical condition from their treating medical practitioner	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Family name	First name	Date of Birth	Employer
Cavanagh	Michael	11/01/1975	Vulcan Mine Management Pty Ltd

4.3 Fitness for duty

(a) Recommended date of next full periodic health assessment

22/10/2026

(b) The worker requires a subsequent assessment (review) before the next periodic health assessment

Yes

No

NOTE: Subsequent assessment must be undertaken where practical vision or hearing test is recommended, or where repeat spirometry is necessary prior to next periodic health assessment, for AMA to consider test results.

If Yes, answer

(c) Date of subsequent assessment

(d) Matter(s) to be assessed at subsequent assessment

(e) As at the date of this examination, the worker:

Is fit to undertake any position

Is fit to undertake the proposed / current position

Is fit to undertake the proposed / current position subject to the following restriction(s) (if necessary, outline a management program)

Is not fit to undertake the proposed / current position because of the following restriction(s):

Requires corrective lenses for distant vision

The duration of the restriction is:

22/10/2026

Is suitable for and has no condition which precludes participation in mines rescue See

[Mines Rescue Medical Guidelines](#)

For Queensland Mines Rescue Service personnel / applicants only.

Family name

Cavanagh

First name

Michael

Date of Birth

11/01/1975

Employer

Vulcan Mine Management Pty Ltd

4.4 Declaration

- a) As AMA, I have explained the outcome of the health assessment to the worker Yes No
- b) As AMA, I have provided a copy of this report to the worker Yes No
- c) The worker has given written consent for the AMA to provide an explanation of this report to the employer with the worker present Yes No

Worker's declaration — I have been advised of the outcome of this health assessment

(Practical constraints prevent this from being a compulsory item)

Worker's signature Date

4.5 AMA details

(a) Date of examination

22 October 2021

(b) Name

Michael Slater

(c) Practice name

Sonic HealthPlus - SHP Coal - SSU

(d) RSHQ registration number for AMA

P0005288

(e) Address

Sonic HealthPlus SHP Coal - SSU
GPO Box 309
Brisbane Qld 4001

(f) Telephone

P: 1300 588 440 F: 3831 0033

(g) Email address

SonicCoal@sonichealthplus.com.au

AMA's name and address
Sonic HealthPlus SHP Coal - SSU
GPO Box 309
Brisbane Qld 4001
Practice stamp

18/11/2021

signed by Dr. Michael Slater

AMA's Signature Date

Resources Safety & Health Queensland

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Form CMSHR 1 – Health assessment form – Section 1 (Employer to complete)

Version 6 – effective 10 August 2020

This form was approved by the chief inspector under section 281 of the Coal Mining Safety and Health Act 1999

Family name

Cavanagh

First name

Michael

Date of Birth

11/01/1975

Employer

Vulcan Mine Management Pty Ltd