



Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Surveillance Unit  
Coal Mine Workers' Health Scheme  
Email: [cmwhs@dnrm.qld.gov.au](mailto:cmwhs@dnrm.qld.gov.au)

I \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ consent to  
(First, middle & surname)

the Chief Executive of the Department of Natural Resources and Mines releasing my chest x-ray, name and date of birth to the Environmental and Occupational Health Sciences School of Public Health, University of Illinois at Chicago (the University) to conduct an x-ray reading against the International Labour Organization (ILO) International Classification of Radiographs for pneumoconioses

I understand that my information will be disclosed only for the purpose of providing accurate diagnoses to ensure my, and other coal mine workers, health and wellbeing. I understand that my personal information and diagnosis will be returned to the Health Surveillance Unit and will not be retained by the University or disclosed to any other parties without my consent unless authorised or required by law. I acknowledge that I have been provided with a fact sheet explaining the two-reader process for chest x-rays.

Date Chest X-ray taken:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Yours faithfully

\_\_\_\_\_  
Signature of applicant)

<b>HSU Office Use Only</b> CMWHS consent medical release	
Signature verified by Medical Records Officer: _____	Date: ____/____/____
Verified signature approved: _____	Date: ____/____/____

## Authority to Release Information (Mastermyne)

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**Details:**

Full Name		Date of Birth	
Mobile		Suburb / PC	
Email address			

**Consent to Release of Information:**

Date: \_\_\_\_\_

To: \_\_\_\_\_ (company or provider)

Fax: \_\_\_\_\_

Ph: \_\_\_\_\_

I authorise and direct the company or provider named above to release a copy of my **full Coal Board Medical (including chest x-ray results)** to Sonic HealthPlus Pty Ltd in accordance with the following contact details:

- **Email:** [mackay.results@sonichealthplus.com.au](mailto:mackay.results@sonichealthplus.com.au)
- **Post:** PO Box 5129, Mackay Mail Centre, QLD 4741

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Name: \_\_\_\_\_

## Consent to Review of Chest X-Ray (Mastermyne)

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**Details:**

Full Name		Date of Birth	
Mobile		Suburb / PC	
Email address			

**Review of chest x-ray:**

I would like to take up the offer by Mastermyne for Sonic HealthPlus Pty Ltd (“Sonic HealthPlus”) to organise:

- A review of my existing chest x-ray, read to the International Labour Organisation (ILO) Classification, by a radiologist nominated on the Royal Australian and New Zealand College of Radiologists (RANZCR) endorsed list, or by a “B” Reader physician by the USA National Institute for Occupational Safety and Health (NIOSH), where they have a digital chest x-ray taken prior to March 2016.
- A new digital chest x-ray read to the ILO Classification by a radiologist nominated on the RANZCR-endorsed list, or by a “B” Reader physician certified by NIOSH, where they have a chest x-ray that was taken prior to March 2016.

In the event that I require a new chest x-ray I would prefer this to be taken at (city / town).

I consent to Sonic HealthPlus accessing my existing Coal Board Medical and authorise Sonic HealthPlus to organise the reading of the chest x-ray and reporting of findings on Section 4 of my Coal Board Medical.

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_