**ALL MEDICAL AND PHYSICALS**

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**Dr Cyril Fernandez**

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**9/6/23**

**Dear Company(name it)**

**APPOINTED MEDICAL ADVISOR**

**This is to confirm your appointment as the Appointed Medical Advisor (AMA) for employees of**

**Appointment Term: The appointment term is ongoing unless stated otherwise.**

**The general requirement of the role is to carry out, supervise and report on health assessments. Should you accept this appointment you will be required to undertake the following duties as the AMA:**

**1. Perform, supervise, and report on health assessments for the employer’s coalmine workers (CMW) in**

**compliance with the Coal Mine Workers’ Health Scheme; the Coal Mining Safety &amp; Health Regulations**

**and any supporting documentation pertaining to practice as an AMA.**

**2. Conduct health assessment in accordance with instructions stated within the approved forms (Form**

**CMSHR1- Health Assessment Form and Form CMSHR2- Retirement Examination form).**

**3. A health assessment may include matters not covered by the approved form, if the AMA believes further**

**investigation / testing is required prior to determining fitness for work these tests will be organised at**

**the employer’s expense.**

**4. Decide on the frequency of future periodic health assessments.**

**5. Determine in consultation with the coalmine worker’s treating GP or Specialists what specific data is**

**required for future health assessments.**

**6. For coalmine workers with subsequent assessment/partial reviews indicated, the coalmine worker must be notified (either face to face, via phone, in writing or electronically) of the subsequent assessment type and due date.**

**7. Discuss and provide advice regarding appropriate duties for the coalmine worker with the employer and coalmine worker and the worker’s representative if applicable.**

**8. If requested by the coalmine worker, discuss the worker’s health assessment with another Doctor nominated by the worker.**

**9. Email Health Assessment Section 4 reports to the Employer and the Employee.**

**Company Signature**

**Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Dr Cyril Fernandez**

**Appointed Medical Advisor**

**cc Health Surveillance Unit**

**Department of Natural Resources &amp; Mines**

**PO Box 467**

**Goodna QLD 4300**

**HSU@dnrme.qld.gov.au**