

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

Health Surveillance Unit (HSU)  
Coal Mine Workers' Health Scheme  
Simtars  
PO Box 467  
GOODNA QLD 4300

or email [HSU@dnrm.qld.gov.au](mailto:HSU@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 completed health assessment form.

Please release my records ticked below:

- ☒ Full medical assessment  
☐ Section 4  
☐ X-ray only  
☐ B Reader Results

My Health Assessment was undertaken at:

\_\_\_\_\_  
(Medical Centre)

\_\_\_\_\_  
(By Nominated Medical Advisor - Doctor)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Approximate date)

I have supplied my photo identification for my signature verification:

- ☐ Current licence  
☐ Passport  
☐ Other

Please forward my records to: **medicals@resile.com.au**

\_\_\_\_\_  
\_\_\_\_\_  
(Email address or postal address)

Yours faithfully

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

**HSU Office Use Only** CMWHS consent medical release

Signature verified by Medical Records Officer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Verified signature approved: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_