

Request for a Medical Examination

You should use this form if you have been exposed to hazardous dust while employed as a worker in NSW and would like to have a medical assessment to determine if you have contracted a dust disease.

How much does it cost?

The examination is free. We can also reimburse certain travelling expenses and lost wages to attend the appointment.

Completing this application

If you are unable to complete this form, another person may complete it on your behalf. However, only you or your Power of Attorney can declare the information to be true and correct and sign it.

If you (or the person you are completing this application for) need an interpreter please contact us on one of the telephone numbers below.

Our team are available to answer any questions you have about this form and the medical examination process. We can also assist you complete this form if needed.

Where do I send this form?

Post: Dust Diseases Care, GPO Box 5323, Sydney NSW 2001

Email: DDAenquiries@icare.nsw.gov.au

Fax: 02 9279 1520

You can post, email or fax your application to us at any time, including outside of business hours and public holidays. It is important that you make your application or contact us about making an application as soon as you can to facilitate early and timely access to care and support.

Need more information?

Information and fact sheets are available from our website icare.nsw.gov.au

If you'd like to speak to us directly, we can be contacted during business hours (weekdays 9am to 5pm) on 02 8223 6600 or 1800 550 027 (free call).

Who are we?

icare Dust Diseases Care provides compensation and support to people who have a dust disease as a result of exposure to dust while working in NSW.

We provide free medical examinations (called the medical screening service) for both current and retired workers with a history of occupational dust exposure, such as asbestos or silica.

Who can complete this form

Only a worker making a request for a medical examination, or their Authorised Representative on their behalf, can complete and sign this form. An *Authorised Representative* can be:

- a person responsible within the meaning of section and 33A (4) of the *Guardianship Act 1987*, being a guardian, a spouse or partner, a carer or a close friend or relative (as defined in the *Guardianship Act 1987*); or
- An attorney for the worker under an enduring power of attorney; or
- A person who is otherwise empowered under law to exercise any functions as an agent of or in the best interest of the worker.

Privacy Declaration

you acknowledge:

- that you have read and understood the **Dust Diseases Care Privacy Principles Information Sheet**
- that you understand that icare Dust Diseases Care can collect, store, use and disclose personal and health information about you to assess your application, pay you compensation and perform associated legal and administrative functions in accordance with the *Workers Compensation (Dust Diseases) Act 1942* and the *Workplace Injury Management and Workers Compensation Act 1998*.

you consent:

- to icare Dust Diseases Care collecting, storing, using and disclosing personal and health information about you, including voice recordings of telephone conversations in which you are a participant or which may be made during the management of your claim; and specifically
- to icare Dust Diseases Care collecting information from and disclosing to any of the persons or agencies listed at paragraph 4 of the **Dust Diseases Care Privacy Principles Information Sheet** or as you otherwise agree;

Office use only

DDC File number

Date Received

1. Disease

Have you been diagnosed with a dust disease?

No If so, please continue to complete this form

Yes If so, please complete an Application for Compensation form

2. Your details

First name	Middle name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth	Place of birth	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (street & number)

Suburb/Town	State	Post code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home telephone	Mobile	Other contact telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email	Preferred method of contact
<input type="text"/>	<input type="text"/>

Access Requirements - Do you have any access requirements in making this application? If so, please describe below: eg. language interpreter, hearing impairment, disability or health issues, cultural, religious

3. Where would you prefer to be medically examined?

Dust Diseases Care Medical Centre (Sydney CBD)

'Lung Screen Mobile Unit', if it is visiting a regional NSW centre near you

By your treating Doctor (eg. GP or respiratory physician as listed below)

By a nominated doctor nearest to your location

4. Your treating doctors

Treating doctors	Name of doctor	Address/ Location	Telephone
GP			
Respiratory Physician			
Oncologist			
Other specialist			
Other specialist			

5. Your authorised person(s)

Please list all person(s) you authorise to provide and receive information from us on your behalf. If you nominate your lawyer as an authorised person, please also include at least one other person.

Name of authorised person	Relationship to you	Telephone

6. Your employers and dust exposure

Are you currently employed?

Yes No

Have you been exposed to dust in that employment?

Yes No

Please list all your past employments, including all employments where you had or think you had exposure to hazardous dusts. If you have more employments than spaces below please attach a list.

Year start	Year end	Employer	State/ Country	Occupation and task(s) performed (when exposed)

7. Declaration

I agree that any information I provide to enable the effective administration of my request for a medical examination is true and correct, knowing that it is an offence under Clause 4 of the Workers' Compensation (Dust Diseases) Regulation 2013 and/or Part 5A of the Crimes Act 1900 to make a statement or provide information in support of any application for compensation to a public authority that I know to be false or misleading.

Signature

Date

What is a respiratory medical examination?

This is an examination of the lungs to determine if you have a dust disease. The examination includes:

- Chest X-rays
- Lung function test
- Examination by a Doctor
- CT scan, if required by the examining Doctor

Where can I go to have a medical examination?

We can arrange a medical examination at:

- Our Medical Centre, located in the Sydney CBD. Here we conduct respiratory examinations that include chest x-rays, respiratory function test and a consultation by a doctor.
- Our Lung Screen Mobile Unit, which visits regional centres around NSW. This is a one-stop mobile unit, which conducts respiratory examinations that include chest x-rays, lung function test and consultation by a doctor.
- If you are unable to attend our Sydney CBD Medical Centre or Mobile Respiratory Unit, you can attend your treating doctor or we can arrange for a doctor in your local area to conduct the medical examination on behalf of icare Dust Diseases Care. This doctor may not be able to do all parts of the examination on the same day or at the same place. You may need to attend several appointments and locations to complete the respiratory examinations required. The doctor(s) will send the results of our examinations to us.

What happens after the medical examination?

The results of the medical examinations are presented to an independent expert panel of three respiratory specialist doctors called the 'Medical Assessment Panel'. The Medical Assessment Panel will determine if you have a dust disease, and if so, whether you have any disablement as a result.

There are a number of medical causes of breathlessness. The majority of people examined by Dust Diseases Care are found to not have a dust disease. If you do not have a dust disease, we will offer you another medical examination after three (3) years.

When will I find out the result?

If you are examined by our doctor you will normally receive a letter advising you of the decision of the Medical Assessment Panel within one month of your medical examination. If you are examined by a local doctor, the time it takes for the results to reach us may vary.

What if the Medical Assessment Panel finds or suspects I have a dust disease?

If you have, or are suspected of having, a dust disease the Medical Assessment Panel may require you to undertake additional medical tests. If this occurs, your outcome letter will not be sent until after all the additional test results are received and assessed by the Medical Assessment Panel. We will also recommend you speak to your doctor about treatment options. You may also be eligible for compensation from us if you are found to have a dust disease attributable to exposure to dust in employment in NSW. If this is the case, we will contact you and invite you to lodge an Application for Compensation.