

# Peabody Business Rules | Medicals



[v Drug and Alcohol](#)  
[v Burton](#)

Competency	Competency Requirements	Upload Requirements	Examples
<b>Drug and Alcohol Testing.Test.7 Days Valid</b>  <i>Burton Roles</i>	<ul style="list-style-type: none"> <li>• <b>Date of test have been conducted within 7 days of the induction submission</b></li> <li>• Name on test page to match the person registered</li> <li>• Both drug and alcohol testing results need to be displayed with a negative result.</li> <li>• Must be complete by an accredited testing facility / collector which is checked by ensuring the document was issued by medical practice or pathology</li> </ul>	<ul style="list-style-type: none"> <li>• Issue date to be recorded</li> </ul>	

[v Exploration](#)


Competency	Competency Requirements	Upload Requirements	Examples
<b>Drug and Alcohol Testing.Test.14 Days Valid</b>  <i>Exploration Roles</i>	<ul style="list-style-type: none"> <li>• Name on test page to match the person registered</li> <li>• Both drug and alcohol testing results need to be displayed with a negative result.</li> <li>• Must be complete by an accredited testing facility / collector which is checked by ensuring the document was issued by medical practice or pathology</li> </ul>	<ul style="list-style-type: none"> <li>• Issue date to be recorded</li> <li>• Valid for 2 weeks / 14 days from date of issue</li> </ul>	

[v Metropolitan](#)


Competency	Competency Requirements	Upload Requirements	Examples
<b>Drug and Alcohol Testing.Test.14 Days Valid</b>  <i>Metropolitan Roles</i>	<ul style="list-style-type: none"> <li>• Name on test page to match the person registered</li> <li>• Both drug and alcohol testing results need to be displayed with a negative result.</li> <li>• Date of test must have been conducted within 14 days of the induction submission. <b>If the drug and alcohol test was completed as part of the medical it is valid for 3 months from the completion date of the medical.</b></li> <li>• Must be complete by an accredited testing facility / collector which is checked by ensuring the document was issued by medical practice or pathology</li> </ul>	<ul style="list-style-type: none"> <li>• Issue date to be recorded - Date of Test</li> </ul>	

<b>Drug and Alcohol Testing.-Metropolitan Exemption</b>	<ul style="list-style-type: none"> <li>• Contractor/Induction Approval Request Form to be uploaded</li> <li>• Company name listed</li> <li>• Contractor name must match the person registered</li> <li>• Exemption ticked MUST match selected exemption competency</li> <li>• Must be signed by Metropolitan Department Manager</li> <li>• Click <a href="#">HERE</a> for the list of approvers</li> <li>• Click <a href="#">HERE</a> for the approval form</li> </ul>	<ul style="list-style-type: none"> <li>• Issue Date = Not Required</li> <li>• Expiry Date = Not Required</li> </ul>	
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▼ North Goonyella

Competency	Competency Requirements	Upload Requirements	Examples
<b>Drug and Alcohol Testing.Test.30 Days Valid</b>  <i>North Goonyella Roles</i>	<ul style="list-style-type: none"> <li>• Name on test page to match the person registered</li> <li>• Both drug and alcohol testing results need to be displayed with a negative result.</li> <li>• Date of test must have been conducted within 30 days of the induction submission.</li> <li>• Must be complete by an accredited testing facility / collector which is checked by ensuring the document was issued by medical practice or pathology</li> </ul> <p><b>NOTE:</b> For North Goonyella roles, Pegasus must check that the <b>North Goonyella Medical Approval Email</b> has been approved before proceeding.</p>	<ul style="list-style-type: none"> <li>• Issue date to be recorded</li> </ul>	


▼ Millennium


Competency	Competency Requirements	Upload Requirements	Examples
<b>Drug and Alcohol Testing.Test.7 Days Valid</b>  <i>Millennium Roles</i>	<ul style="list-style-type: none"> <li>• <b>Date of test have been conducted within 7 days of the induction submission</b></li> <li>• Name on test page to match the person registered</li> <li>• Both drug and alcohol testing results need to be displayed with a negative result.</li> <li>• Must be complete by an accredited testing facility / collector which is checked by ensuring the document was issued by medical practice or pathology</li> </ul>	<ul style="list-style-type: none"> <li>• Issue date to be recorded</li> </ul>	

▼ Wambo

Competency	Competency Requirements	Upload Requirements	Examples
<b>Drug and Alcohol Testing.Test.14 Days Valid</b>  <i>Wambo Roles</i>	<ul style="list-style-type: none"> <li>• Name on test page to match the person registered</li> <li>• Both drug and alcohol testing results need to be displayed with a negative result.</li> <li>• Must be completed within the 14 days prior to induction</li> <li>• Must be complete by an accredited testing facility / collector which is checked by ensuring the document was issued by medical practice or pathology</li> </ul>	<ul style="list-style-type: none"> <li>• Issue date to be recorded - valid for 2 weeks / 14 days from date of issue until Induction has been completed</li> <li>• Competency Expiry date is 2 years from the date of induction</li> </ul>	

▼ Wilpinjong

Competency	Competency Requirements	Upload Requirements	Examples
<b>Site.Induction.Negative Drug Result Preinduction</b>  <i>Wilpinjong Roles</i>	<ul style="list-style-type: none"> <li>Name on test page to match the person registered</li> <li>Both drug and alcohol testing results need to be displayed with a negative result.</li> <li>Date of test must have been conducted within 30 days of the induction submission.</li> <li>Must be complete by an accredited testing facility / collector which is checked by ensuring the document was issued by medical practice or pathology</li> </ul>	Issue date to be recorded - Date of Test	

<b>Certificate.Statement of Attainment.Drug and Alcohol Testing</b>	<ul style="list-style-type: none"> <li>Must be a Statement of Attainment</li> <li>Must reference both drug and alcohol testing/screening</li> </ul>	<ul style="list-style-type: none"> <li>Issue Date: as per the issued date on the Statement of Attainment</li> <li>Expiry Date: N/A</li> </ul>	
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▼ Functional Assessments


▼ Coppabella

Competency	Competency Requirements	Upload Requirements	Examples
<b>Site.Assessment.Coppabella - Functional Assesment - EXEMPT less than 14 days</b>	TBA	TBA	TBA
<b>Site.Assessment.Coppabella - Peabody Functional Assesment</b>	TBA	TBA	TBA


▼ North Goonyella

Competency	Competency Requirements	Upload Requirements	Examples
<b>Medical.assessment.CBM Functional</b>	<ul style="list-style-type: none"> <li>Name on assessment to match the person registered</li> <li>Must state Functional Capacity as the type - "Kinnect Pre-employment functional assessment" is acceptable</li> <li>Must be current – within 12 months</li> <li>Must be completed correctly including the name of the person, the date, the doctor's signature and medical centre</li> <li>Doctors signature and date</li> </ul> <p><b>NOTE:</b> For North Goonyella roles, Pegasus must check that the <b>North Goonyella Medical Approval Email</b> has been approved before proceeding.</p>	<ul style="list-style-type: none"> <li>Issue Date = Date of Assessment completion</li> <li>This will not expire (unless otherwise specified)</li> </ul>	

▼ Metropolitan


<b>Medical.Certificate.NSW Coal Board Functional</b>	<ul style="list-style-type: none"> <li>Name on assessment to match the person registered</li> <li>Must state Functional Capacity as the type</li> <li>Must be current – within 12 months</li> <li>Must be completed correctly including the name of the person, the date, the doctor's signature and medical centre</li> <li>Doctors signature and date</li> </ul>	<ul style="list-style-type: none"> <li>Issue Date = Date of Assessment completion</li> <li>This will not expire (unless otherwise specified)</li> </ul>	
<b>Medical.Certificate.NSW Functional - Metropolitan Exemption</b>	<ul style="list-style-type: none"> <li>Contractor/Induction Approval Request Form to be uploaded</li> <li>Company name listed</li> <li>Contractor name must match the person registered</li> <li>Exemption ticked MUST match selected exemption competency</li> <li>Must be signed by Metropolitan Department Manager</li> <li>Click <a href="#">HERE</a> for the list of approvers</li> <li>Click <a href="#">HERE</a> for the approval form</li> </ul>	<ul style="list-style-type: none"> <li>Issue Date = Not Required</li> <li>Expiry Date = Not Required</li> </ul>	

▼ Wilpinjong

Competency	Competency Requirements	Upload Requirements	Examples
<b>Medical.Certificate.NSW Coal Board Functional</b>	<ul style="list-style-type: none"> <li>Name on assessment to match the person registered</li> <li>Must state Functional Capacity as the type</li> <li>Must be current – within 12 months</li> <li>Must be completed correctly including the name of the person, the date, the doctor's signature and medical centre</li> <li>Doctors signature and date</li> </ul>	<ul style="list-style-type: none"> <li>Issue Date = Date of Assessment completion</li> <li>This will not expire (unless otherwise specified)</li> </ul>	

▼ Medical - Emergency Response



▼ Coppabella, Millennium and Moorvale



Competency Name	Competency Requirements	Upload Requirements	Examples
<b>QLD - CBM inc Spiro - Emergency Response Team</b>	<ul style="list-style-type: none"> <li>Inductee name and date of birth to be clearly shown on the medical</li> <li>Must be stamped and signed by the medical practitioner</li> <li>Must be a QLD Section 4 certificate</li> <li>Must have 'is suitable for and has no condition which precludes participation in mines rescue' selected which identifies it as an ERT medical</li> </ul>	<ul style="list-style-type: none"> <li>Issue Date: date of examination by the EMO</li> <li>Expiry Date: two (2) years from the date of examination UNLESS the person is over 40 years of age which then becomes a one (1) validity OR there is a review date which then becomes the expiry date</li> </ul>	

▼ Medical - Non Restricted

▼ Coppabella, Millennium, Moorvale and North Goonyella

Competency Name	Competency Requirements	Upload Requirements	Examples
<p><b>Medical.Certificate.NSW Coal Order 41</b></p>	<ul style="list-style-type: none"> <li>• Inductee name to be clearly shown on the medical</li> <li>• Certificate of fitness to be uploaded</li> <li>• Must be Issued by any CS Health provider. Examples of CS Health independant providers:  Coal Health Services (Preferred provider)  IOH, Hunter Industrial medicine, Humanomics, Rehab Co</li> <li>• Part D – certificate of fitness can be accepted however it must be accompanied by the compliance confirmation email from CS Health and must say “Order 41 Compliance status – compliant”.</li> <li>• Must have been issued within the last 3 years</li> </ul>	<ul style="list-style-type: none"> <li>• Issue Date = Date of examination</li> <li>• Expiry Date = 3 years (unless the medical has a specified review date, as this date would then become the expiry date)</li> <li>• Only PDF format is accepted</li> </ul>	

<p><b>Medical.Certificate.NSW Coal Order 43</b></p>		<ul style="list-style-type: none"> <li>• Expiry Date = 3 years (unless the medical has a specified review date, as this date would then become the expiry date)</li> <li>• Only PDF format is accepted</li> </ul>	
<p><b>Medical.Assessment.QLD - CBM inc Spiro - Non Identified - No Restrictions</b></p> <p><i>Business rule last updated 6.6.17</i></p>	<ul style="list-style-type: none"> <li>• Inductee name and date of birth to be clearly shown on the medical</li> <li>• Must be stamped and signed by the medical practitioner</li> <li>• Must be a QLD Section 4 certificate</li> </ul> <p><b>NOTE:</b> For North Goonyella roles, Pegasus must check that the <b>North Goonyella Medical Approval Email</b> has been approved before proceeding.</p>	<ul style="list-style-type: none"> <li>• Issue Date: date of examination by the EMO (EMO date not the NMA sign off date)</li> <li>• Expiry Date: five (5) years from the date of examination <b>UNLESS</b> there is a <b>review</b> date which then becomes the end <b>date</b></li> </ul> <p><b>IGNORE</b> the 'recommended date of next health assessment'</p> <p><b>NOTE:</b> This competency should be the competency selected in Onsite (rather than selecting the 'surface' or 'underground' specific variations of this competency when the new QLD section 4 medical template (Issued from late 2016) has been used, as <b>the new template does not specify 'Surface' or 'Underground'</b></p>	

<p><b>QLD - CBM inc Spiro - Surface - No Restrictions</b></p>	<ul style="list-style-type: none"> <li>• Inductee name and date of birth to be clearly shown on the medical</li> <li>• Must be stamped and signed by the medical practitioner</li> <li>• Must be a QLD Section 4 certificate</li> </ul> <p><b>NOTE:</b> For North Goonyella roles, Pegasus must check that the <b>North Goonyella Medical Approval Email</b> has been approved before proceeding.</p>	<ul style="list-style-type: none"> <li>• Issue Date: date of examination by the EMO (EMO date not the NMA sign off date)</li> <li>• Expiry Date: five (5) years from the date of examination UNLESS there is a review date which then becomes the end date</li> </ul>	
<p><b>QLD - CBM inc Spiro - Underground - No Restrictions</b></p>	<ul style="list-style-type: none"> <li>• Inductee name and date of birth to be clearly shown on the medical</li> <li>• Must be stamped and signed by the medical practitioner</li> <li>• Must be a QLD Section 4 certificate</li> <li>• Must have 'is this assessment for underground work' ticked as yes</li> </ul> <p><b>NOTE:</b> For North Goonyella roles, Pegasus must check that the <b>North Goonyella Medical Approval Email</b> has been approved before proceeding.</p>	<ul style="list-style-type: none"> <li>• Issue Date: date of examination by the EMO (EMO date not the NMA sign off date)</li> <li>• Expiry Date: five (5) years from the date of examination UNLESS there is a review date which then becomes the end date</li> </ul>	

Metropolitan

Competency Name	Competency Requirements
<p><b>Medical.Certificate.NSW Coal Order 41</b></p>	<ul style="list-style-type: none"> <li>• Inductee name to be clearly shown on the medical</li> <li>• Certificate of fitness to be uploaded</li> <li>• Must be Issued by any CS Health provider. Examples of CS Health independent providers: <ul style="list-style-type: none"> <li>Coal Health Services (Preferred provider)</li> <li>IOH, Hunter Industrial medicine, Humanomics, Rehab Co</li> </ul> </li> <li>• Part D – certificate of fitness can be accepted however it must be accompanied by the compliance confirmation 41 Compliance status – compliant".</li> <li>• Must have been issued within the last 3 years</li> </ul>

**Medical.Certificate.NSW Coal  
Order 43**

**ORDER 43 MEDICAL**

[Preplacement Medical Assessment - External medical provider - CS Services - Blue cover page](#)

- Uploaded in colour is preferred – not mandatory
- Full medical not required – only require the traffic light page to be uploaded
- Name on medical to match the person registered
- Date of birth to match person registered
- Date of assessment listed
- Chest X-ray must be ticked yes or no
- Employer must be listed – Employer must be the current employer. If the employee has changed companies medical to CS Health and provide a confirmation of registration with the medical.
- Must have a SEG number
- Follow up section – if a review time is indicated, this must match the date recommended in the recommendation
- Must be completed by an approved medical practitioner on the list below
- <https://www.coalservices.com.au/mining/workplace-safety-and-compliance/regulation-and-compliance/order>
- Must have either Doctors signature or Registered Nurse signature, must have name, ARN/AMP number and

[Periodic Medical Assessment – External medical provider – CS Services - Blue cover page](#)

- Uploaded in colour is preferred - not mandatory
- Pages required to be uploaded - cover page, overview, assessment
- Name on assessment report and assessment certificate to match the person registered
- Date of birth assessment report and assessment certificate to match the person registered
- Date of assessment must be listed on the assessment report and assessment certificate
- Chest X-ray must be ticked yes or no
- Employer must be listed – Employer must be the current employer. If the employee has changed companies medical to CS Health and provide a confirmation of registration with the medical.
- Must have a SEG number on the assessment report
- Follow up section – if a review time is indicated, this must match the date recommended in the recommendation certificate
- Must be completed by an approved medical practitioner on the list below

<https://www.coalservices.com.au/mining/workplace-safety-and-compliance/regulation-and-compliance/order-41-3>

- Must have either Doctors signature or Registered Nurse signature, must have name, ARN/AMP number and
- Preplacement Medical Assessment – CS Health – Orange cover page
- Uploaded in colour is preferred - not mandatory
- Full medical not required – only require the traffic light page to be uploaded and the cover page
- Name on medical to match the person registered
- Date of birth to match person registered
- Date of assessment listed
- Determination – must be ticked indicating result
- Chest X-ray must be ticked yes or no
- Follow up section – if a review time is indicated, this must match the date recommended in the recommendation
- Must have Doctors signature, must have name and date.

[Site access plus periodic medical assessment detailed certificate - CS Health](#)

- Pages required to be uploaded – site access plus periodic medical assessment detailed certificate.
- Name on site access plus periodic medical assessment detailed certificate to match the person registered
- Date of birth on assessment certificate and assessment report to match the person registered
- Chest X-ray must be ticked yes or no
- Employer must be listed – Employer must be the current employer. If the employee has changed companies medical to CS Health and provide a confirmation of registration with the medical.
- This document is only mandatory for specific sites (NSW)
- Must be uploaded as a PDF
- Section 4 Queensland Coal Board medicals are NOT accepted
- Must have Doctors signature, must have name and date.

[Site access medical detailed certificate - CS Health](#)

- Pages required to be uploaded – Site access medical detailed certificate – page 1 & 2.
- Name on Site access medical detailed certificate to match the person registered
- Date of birth on assessment certificate and assessment report to match the person registered
- Chest X-ray must be ticked yes or no
- Employer must be listed – Employer must be the current employer. If the employee has changed companies medical to CS Health and provide a confirmation of registration with the medical.
- This document is only mandatory for specific sites (NSW)
- Must be uploaded as a PDF
- Must have Doctors signature, must have name and date.

**Medical.Certificate.Metropolitan  
Exemption**

- Contractor/Induction Approval Request Form to be uploaded
- Company name listed
- Contractor name must match the person registered
- Exemption ticked MUST match selected exemption competency
- Must be signed by Metropolitan Department Manager
- Click [HERE](#) for the list of approvers
- Click [HERE](#) for the approval form



Wambo

Competency Name	Competency Requirements
<b>Medical.Certificate.NSW Coal Order 41 - Wambo</b>	<ul style="list-style-type: none"><li>• Name on medical to match the person registered</li><li>• Date of birth to match person registered</li><li>• Date of assessment listed</li><li>• Doctors signature and date and stamp mandatory (Electronic Signatures are Accepted)</li><li>• The <b>full</b> Order 41 medical report is to be uploaded to Onsite for all contractors (Not just cover page or Part D)</li><li>• If the medical has NOT been conducted by Coal Services Health it must be accompanied by the confirmation of order Health or confirmation email</li></ul> <p><b>NOTE:</b> Pegasus must check that the <b>Medical.-WAMBO Document Approval Email</b> has been approved before proceeding</p>

**Medical.Certificate.NSW  
Coal Order 43 - Wambo**

Medicals completed on or after 1st July 2018 must be Order 43 compliant.

**NOTE:** Pegasus must check that the **Medical.-WAMBO Document Approval Email** has been approved before proceed

**Preplacement Medical Assessment - External medical provider - CS Services - Blue cover page**

- Uploaded in colour is preferred – not mandatory
- Must be the FULL medical – including the cover page
- Name on medical to match the person registered
- Date of birth to match person registered
- Date of assessment listed
- Chest X-ray must be ticked yes or no
- Employer must be listed – Employer must be the current employer. If the employee has changed companies than th medical to CS Heath and provide a confirmation of registration with the medical.
- Must have a SEG number - SEG number acceptable if listed on the Role Requirements page or on the Determinatio
- Follow up section – if a review time is indicated, this must match the date recommended in the recommendation/rest
- Must be completed by an approved medical practitioner on the list below

<https://www.coalservices.com.au/mining/workplace-safety-and-compliance/regulation-and-compliance/order-41-3/medical>

- Must have either Doctors signature or Registered Nurse signature, must have name, ARN/AMP number and date.
- Email format is acceptable providing the Order 43 Preplacement Medical Assessment Report (2 pages) is included v

**Periodic Medical Assessment – External medical provider – CS Services - Blue cover page**

- Uploaded in colour is preferred – not mandatory
- Pages required to be uploaded - cover page, overview, assessment page 1 & 2 and the full site induction medical as induction medical assessment certificate (traffic light page)
- Name on assessment report and assessment certificate to match the person registered
- Date of birth assessment report and assessment certificate to match the person registered
- Date of assessment must be listed on the assessment report and assessment certificate
- Chest X-ray must be ticked yes or no
- Employer must be listed – Employer must be the current employer. If the employee has changed companies than th medical to CS Heath and provide a confirmation of registration with the medical.
- Must have a SEG number on the assessment report
- Follow up section – if a review time is indicated, this must match the date recommended in the recommendation/rest certificate
- Must be completed by an approved medical practitioner on the list below
- <https://www.coalservices.com.au/mining/workplace-safety-and-compliance/regulation-and-compliance/order-41-3/m>
- Must have either Doctors signature or Registered Nurse signature, must have name, ARN/AMP number and date. E

**Preplacement Medical Assessment – CS Health – Orange cover page**

- Uploaded in colour is preferred – not mandatory
- Must be the full medical – including the cover page
- Name on medical to match the person registered
- Date of birth to match person registered
- Date of assessment listed
- Determination – must be ticked indicating result
- Chest X-ray must be ticked yes or no
- Follow up section – if a review time is indicated, this must match the date recommended in the recommendation/rest
- Must have Doctors signature, must have name and date. Electronic signature accepted
- Email format is acceptable providing the Order 43 Preplacement Medical Assessment Report (2 pages) is included v

**Site access plus periodic medical assessment detailed certificate - CS Health**

- Pages required to be uploaded – site access plus periodic medical assessment detailed certificate with full report pl Report.
- Name on site access plus periodic medical assessment detailed certificate to match the person registered
- Date of birth on assessment certificate ad assessment report to match the person registered
- Chest X-ray must be ticked yes or no
- Employer must be listed – Employer must be the current employer. If the employee has changed companies than th medical to CS Heath and provide a confirmation of registration with the medical.
- Must have Doctors signature, must have name and date. Electronic signature accepted

▼ Wilpinjong

Competency	Competency Requirements
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<p><b>Medical.Certificate.Order 41</b></p> <p>or</p> <p>Medical.Certificate.Category: AMBER</p>	<ul style="list-style-type: none"> <li>• Name to match</li> <li>• Issued by any CS Health provider within the last 3 years</li> <li>• Duration = 3 years</li> <li>• Certificate of fitness to be uploaded - If restricted, full medical to be uploaded which will be sent to site for approval.</li> </ul> <p>If the medical is AMBER a medical management plan will need to be completed - Click <a href="#">HERE</a> for the template. Once the medical. Pegasus will send the medical and MMP for approval and the amber medical procedure followed – medic</p> <p>Email Address links - <a href="#">Pegasus Internal Procedures</a>   <a href="#">Peabody</a>   <a href="#">Procedures</a>   <a href="#">Wilpinjong</a></p>
<p><b>Medical.Certificate.NSW Coal Order 43</b></p>	<p><b>ORDER 43 MEDICAL – refer to type of medical</b></p> <p><b><u>Preplacement Medical Assessment - External medical provider - CS Services - Blue cover page</u></b></p> <ul style="list-style-type: none"> <li>• Uploaded in colour is preferred – not mandatory</li> <li>• Full medical not required – only require the traffic light page to be uploaded</li> <li>• Name on medical to match the person registered</li> <li>• Date of birth to match person registered</li> <li>• Date of assessment listed</li> <li>• Chest X-ray must be ticked yes or no</li> <li>• Employer must be listed – Employer must be the current employer. If the employee has changed companies than medical to CS Health and provide a confirmation of registration with the medical.</li> <li>• Must have a SEG number</li> <li>• Follow up section – if a review time is indicated, this must match the date recommended in the recommendation/i</li> <li>• Must be completed by an approved medical practitioner on the list below</li> </ul> <p><a href="https://www.coalservices.com.au/mining/workplace-safety-and-compliance/regulation-and-compliance/order-41-3/med">https://www.coalservices.com.au/mining/workplace-safety-and-compliance/regulation-and-compliance/order-41-3/med</a></p> <ul style="list-style-type: none"> <li>• Must have either Doctors signature or Registered Nurse signature, must have name, ARN/AMP number a</li> </ul> <p><b><u>Periodic Medical Assessment – External medical provider – CS Services - Blue cover page</u></b></p> <ul style="list-style-type: none"> <li>• Uploaded in colour is preferred - not mandatory</li> <li>• Pages required to be uploaded - cover page, overview, assessment page 1 &amp; 2 and the medical assessment cert</li> <li>• Name on assessment report and assessment certificate to match the person registered</li> <li>• Date of birth assessment report and assessment certificate to match the person registered</li> <li>• Date of assessment must be listed on the assessment report and assessment certificate</li> <li>• Chest X-ray must be ticked yes or no</li> <li>• Employer must be listed – Employer must be the current employer. If the employee has changed companies than medical to CS Health and provide a confirmation of registration with the medical.</li> <li>• Must have a SEG number on the assessment report</li> <li>• Follow up section – if a review time is indicated, this must match the date recommended in the recommendation/i certificate</li> <li>• Must be completed by an approved medical practitioner on the list below</li> <li>• <a href="https://www.coalservices.com.au/mining/workplace-safety-and-compliance/regulation-and-compliance/order-41-3">https://www.coalservices.com.au/mining/workplace-safety-and-compliance/regulation-and-compliance/order-41-3</a></li> <li>• Must have either Doctors signature or Registered Nurse signature, must have name, ARN/AMP number and c</li> </ul> <p><b><u>Preplacement Medical Assessment – CS Health – Orange cover page</u></b></p> <ul style="list-style-type: none"> <li>• Uploaded in colour is preferred - not mandatory</li> <li>• Full medical not required – only require the traffic light page to be uploaded and the cover page</li> <li>• Name on medical to match the person registered</li> <li>• Date of birth to match person registered</li> <li>• Date of assessment listed</li> <li>• Determination – must be ticked indicating result</li> </ul>

- Chest X-ray must be ticked yes or no
- Follow up section – if a review time is indicated, this must match the date recommended in the recommendation/
- Must have Doctors signature, must have name and date.

**Site access plus periodic medical assessment detailed certificate - CS Health**

- Pages required to be uploaded – site access plus periodic medical assessment detailed certificate and periodic m
- Name on site access plus periodic medical assessment detailed certificate to match the person registered
- Date of birth on assessment certificate and assessment report to match the person registered
- Chest X-ray must be ticked yes or no
- Employer must be listed – Employer must be the current employer. If the employee has changed companies thar medical to CS Heath and provide a confirmation of registration with the medical.
- Must have Doctors signature, must have name and date.

**IF AMBER PROCEDURE**

If the medical is AMBER a medical management plan will need to be completed - Click [HERE](#) for the template. Once the medical. Pegasus will send the medical and MMP for approval and the amber medical procedure followed – medic


**Email Address links - [Pegasus Internal Procedures](#) | [Peabody](#) | [Procedures](#) | [Wilpinjong](#)**





- This document is only mandatory for specific sites (NSW)
- Must be uploaded as a PDF

Section 4 Queensland Coal Board medicals are NOT accepted

▼ [Medical - Restricted](#)


▼ [Burton, Coppabella, Millennium, Moorvale and North Goonyella](#)

Competency Name	Competency Requirements	Upload Requirements	Examples
NSW Coal Order 41 Restricted	<ul style="list-style-type: none"> <li>• Inductee name to be clearly shown on the medical</li> <li>• Certificate of fitness to be uploaded</li> <li>• Must be Issued by any CS Health provider</li> <li>• Must have been issued within the last 3 years. NOTE: If restricted, full medical to be uploaded which will be sent to site for approval</li> </ul>	<ul style="list-style-type: none"> <li>• Issue Date: date of examination</li> <li>• Expiry Date: three (3) years from the date of examination UNLESS there is a review date/stipulation which then becomes the end date</li> </ul>	

<p><b>NGC - Coal Board Medical inc Spiro - RESTRICTIONS</b></p>	<ul style="list-style-type: none"> <li>• Inductee name and date of birth to be clearly shown on the medical</li> <li>• Must be stamped and signed by the medical practitioner</li> <li>• Must be a QLD Section 4 certificate</li> <li>• Must have completed a North Goonyella Management of Current Medical Restrictions Form. Completed medical management plan form to be included within upload. MMP's from other sites will not be accepted.</li> </ul> <p>Documents can be viewed and downloaded by clicking <a href="#">HERE</a></p> <ul style="list-style-type: none"> <li>• Click <a href="#">HERE</a> for a list of authorised approvers</li> </ul> <p><b>NOTE:</b> For North Goonyella roles, Pegasus must check that the <b>North Goonyella Medical Approval Email</b> has been approved before proceeding.</p>	<ul style="list-style-type: none"> <li>• Issue Date: date of examination by the EMO (EMO date not the NMA sign off date)</li> <li>• Expiry Date: five (5) years from the date of examination UNLESS there is a review date which then becomes the end date</li> </ul>	
<p><b>CB - Coal Board Medical inc Spiro - RESTRICTIONS</b></p>	<ul style="list-style-type: none"> <li>• Inductee name and date of birth to be clearly shown on the medical</li> <li>• Must be stamped and signed by the medical practitioner</li> <li>• Must be a QLD Section 4 certificate</li> <li>• Must have completed a Coppabella Management of Current Medical Restrictions Form. Completed medical management plan form to be included within upload. MMP's from other sites will not be accepted.</li> </ul> <p>Documents can be viewed and downloaded by clicking <a href="#">HERE</a></p> <ul style="list-style-type: none"> <li>• Click <a href="#">HERE</a> for a list of authorised approvers</li> </ul>	<ul style="list-style-type: none"> <li>• Issue Date: date of examination by the EMO (EMO date not the NMA sign off date)</li> <li>• Expiry Date: five (5) years from the date of examination UNLESS there is a review date which then becomes the end date</li> </ul>	
<p><b>MIL - Coal Board Medical inc Spiro - RESTRICTIONS</b></p>	<ul style="list-style-type: none"> <li>• Inductee name and date of birth to be clearly shown on the medical</li> <li>• Must be stamped and signed by the medical practitioner</li> <li>• Must be a QLD Section 4 certificate</li> <li>• Must have completed a Millenium Management of Current Medical Restrictions Form. Completed medical management plan form to be included within upload. MMP's from other sites will not be accepted.</li> </ul> <p>Documents can be viewed and downloaded by clicking <a href="#">HERE</a></p> <ul style="list-style-type: none"> <li>• Click <a href="#">HERE</a> for a list of authorised approvers</li> </ul>	<ul style="list-style-type: none"> <li>• Issue Date: date of examination by the EMO (EMO date not the NMA sign off date)</li> <li>• Expiry Date: five (5) years from the date of examination UNLESS there is a review date which then becomes the end date</li> </ul>	
<p><b>MV - Coal Board Medical inc Spiro - RESTRICTIONS</b></p>	<ul style="list-style-type: none"> <li>• Inductee name and date of birth to be clearly shown on the medical</li> <li>• Must be stamped and signed by the medical practitioner</li> <li>• Must be a QLD Section 4 certificate</li> <li>• Must have completed a Moorvale Management of Current Medical Restrictions Form. Completed medical management plan form to be included within upload. MMP's from other sites will not be accepted.</li> </ul> <p>Documents can be viewed and downloaded by clicking <a href="#">HERE</a></p> <ul style="list-style-type: none"> <li>• Click <a href="#">HERE</a> for a list of authorised approvers</li> </ul>	<ul style="list-style-type: none"> <li>• Issue Date: date of examination by the EMO (EMO date not the NMA sign off date)</li> <li>• Expiry Date: five (5) years from the date of examination UNLESS there is a review date which then becomes the end date</li> </ul>	

<b>Medical Assessment QLD - Restricted Coal Board Medical inc Spiro</b>  <i>For Burton Roles</i>	<ul style="list-style-type: none"> <li>Inductee name and date of birth to be clearly shown on the medical</li> <li>Must be stamped and signed by the medical practitioner</li> <li>Must be a QLD Section 4 certificate</li> <li>Must have completed a Burton Management of Current Medical Restrictions Form. Completed medical management plan form to be included within upload. MMP's from other sites will not be accepted. Documents can be viewed and downloaded by clicking <a href="#">HERE</a></li> <li>Click <a href="#">HERE</a> for a list of authorised approvers</li> </ul>	<ul style="list-style-type: none"> <li>Issue Date: date of examination by the EMO (EMO date not the NMA sign off date)</li> <li>Expiry Date: five (5) years from the date of examination UNLESS there is a review date which then becomes the end date</li> </ul>	
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▼ Metropolitan

Competency Name	Metropolitan Competency Requirements	Coppabella, Millennium and Moorvale Competency Requirements	Upload Requirements	Examples
<b>NSW Coal Order 41 Restricted</b>		<ul style="list-style-type: none"> <li>Inductee name to be clearly shown on the medical</li> <li>Certificate of fitness to be uploaded</li> <li>Must be Issued by any CS Health provider</li> <li>Must have been issued within the last 3 years. NOTE: If restricted, full medical to be uploaded which will be sent to site for approval</li> </ul>	<ul style="list-style-type: none"> <li>Issue Date: date of examination</li> <li>Expiry Date: three (3) years from the date of examination UNLESS there is a review date/stipulation which then becomes the end date</li> </ul>	



▼ Wilpinjong

Competency Name	Competency Requirements	Upload Requirements	Examples
Medical.Certificate. or Medical.Certificate.Category: AMBER	<ul style="list-style-type: none"> <li>Name to match</li> <li>Issued by any CS Health provider within the last 3 years</li> <li>Duration = 3 years</li> <li>Certificate of fitness to be uploaded - If restricted, full medical to be uploaded which will be sent to site for approval</li> </ul> <p>If the medical is AMBER a medical management plan will need to be completed - Click <a href="#">HERE</a> for the template. Once completed the MMP must be uploaded with the medical. Pegasus will send the medical and MMP for approval and the amber medical procedure followed – medical will not be approved without site approval</p> <p>Email Address links - <a href="#">Pegasus Internal Procedures</a>   <a href="#">Peabody</a>   <a href="#">Procedures</a>   <a href="#">Wilpinjong</a></p>	<ul style="list-style-type: none"> <li>Issue Date = date of examination</li> <li>Expiry Date = as per duration unless a review date listed</li> <li>Approval date and person's name whom approved to be written in description box.</li> </ul>	

▼ Medical - Xrays


▼ Coppabella, Millennium and Moorvale

Competency Name	Competency Requirements	Upload Requirements	Examples
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<p><b>Medical.Assessment.Xray - Current / Previous Underground Worker</b></p>	<ul style="list-style-type: none"> <li>• Must have the Chest Xray History Declaration form completed</li> <li>• Latest coal board medical record must also be attached</li> </ul>	<p><b>Candidate details</b> - must include applicants full name</p> <p><b>Work History details</b> – either or both surface or underground must be ticked/marked</p> <p><b>Candidate acknowledgment</b> – Must include full name and must be signed and dated by the candidate</p> <p>IF the attached medical doesn't have the date of the chest x-ray identified:</p> <ul style="list-style-type: none"> <li>• Issue Date: date of examination</li> <li>• Expiry Date: five (5) years from the date of examination (ignore any review dates)</li> </ul> <p>IF the attached medical does have the date of the chest x-ray identified:</p> <ul style="list-style-type: none"> <li>• Issue Date: date the chest xray was taken</li> <li>• Expiry Date: five (5) years from the date that the x-ray was taken</li> </ul>	
<p><b>Medical.Assessment.Xray - Surface Worker Only</b></p>	<ul style="list-style-type: none"> <li>• Must have the Chest Xray History Declaration form completed</li> <li>• Latest coal board medical record must also be attached</li> </ul>	<p><b>Candidate details</b> - must include applicants full name</p> <p><b>Work History details</b> – either or both surface or underground must be ticked/marked</p> <p><b>Candidate acknowledgment</b> – Must include full name and must be signed and dated by the candidate</p> <p>IF the attached medical doesn't have the date of the chest x-ray identified:</p> <ul style="list-style-type: none"> <li>• Issue Date: date of examination</li> <li>• Expiry Date: five (5) years from the date of examination (ignore any review dates)</li> </ul> <p>IF the attached medical does have the date of the chest x-ray identified:</p> <ul style="list-style-type: none"> <li>• Issue Date: date the chest xray taken</li> <li>• Expiry Date: ten (10) years from the date that the x-ray was taken</li> </ul>	

Wambo

Competency	Competency Requirements	Upload Requirements	Examples
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<p><b>Medical.Certificate.NSW Chest X-Ray (Wambo)</b></p>	<ul style="list-style-type: none"> <li>Name on ILO report to match the person registered in Onsite</li> <li>Applicant DOB to be displayed on report and to match DOB that's recorded in Onsite</li> <li>Must indicate that it is a Chest Xray (ILO Classification)</li> <li>ILO report result to indicate no abnormalities report (ILO classification)</li> <li>Must be dated</li> <li>Doctors signature and date and stamp mandatory (Electronic Signatures are Accepted)</li> </ul> <p><b>NOTE:</b> Pegasus must check that the <b>Medical.-.WAMBO Document Approval Email</b> has been approved before proceeding.</p>	<ul style="list-style-type: none"> <li>Issue Date = Service Date</li> <li>Expiry Date = 3 years from service date (unless a review date is listed then enter the expiry as the earliest expiring date)</li> </ul>	
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▼ North Goonyella Medical Approval email

Competency	Competency Requirements	Upload Requirements	Examples
<p>Medical.-.NGC Medical Approval Email</p>	<ul style="list-style-type: none"> <li>The approval email will be received from Jeff Perks or Paul Griffiths, sent from <a href="mailto:NGCInductions@peabodyenergy.com">NGCInductions@peabodyenergy.com</a>.</li> <li>Inductee name must match registered person</li> <li>Jeff or Paul will indicate "approved" "approved with MMP" or "Not Approved" . If the email is marked "Not Approved" do not proceed.</li> </ul>	<p>Issue date: Date approval was sent from Jeff or Paul</p>	

▼ Wambo Document Approval email

Competency	Competency Requirements	Upload Requirements	Examples
<p>Medical.-.WAMBO Document Approval Email</p>	<ul style="list-style-type: none"> <li>The approval email will be received from Kris Scaife or Victoria Hellyer, sent from <a href="mailto:wamboinductions@peabodyenergy.com">wamboinductions@peabodyenergy.com</a></li> <li>Inductee name must match registered person</li> <li>The email will indicate "approved". If the email is marked "Not Approved or Flagged " do not proceed.</li> </ul> <p>Click <a href="#">HERE</a> for additional information regarding the process to obtain the approval email.</p>	<p>Issue date: Date approval was sent from <a href="mailto:wamboinductions@peabodyenergy.com">wamboinductions@peabodyenergy.com</a></p> <p>Expiry date: Use the medical expiry date</p>	