

Medical Management Plan – CMJV Coppabella/Moorvale Mine



Instructions

This Plan must be completed if the Coal Board Medical (S4) or Functional Assessment states that he or she has a condition which results in a restriction of concern or recommends additional training. The restriction must not be one which gives rise to an unacceptable level of risk to the safety and health of themselves or other workers.

Date:	Name:	Company:
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Restriction/Recommendation (as stated on the S4/Functional Assessment Summary) Management Plan:

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Work Guidelines

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Agreement by all parties	Name	Signature	Date
Employee:			
Responsible Supervisor:			
Rehabilitation & Return to Work Coordinator Approval:			
Department Manager:			