

MANAGEMENT OF CURRENT MEDICAL RESTRICTION(S) – CONTRACTORS COPPABELLA

Please complete the relevant sections of the form and submit with the Coal Board Medical attached for processing.

I *Nathan Allen* of (*G&S Engineering*) am aware of the following restriction(s) listed in the Section 4 of my CBM. My employer is also aware of the following restriction(s):

Restriction 1: *Use of corrective lenses*

Restriction 2: *Choose an item.*

Restriction 3: *Choose an item.*

While working at Coppabella Mine, I will adequately manage any restriction(s) with the following control(s):

Control 1: *Using corrective lenses when necessary*

Control 2: *Choose an item.*

Control 3: *Choose an item.*

I am aware of the following requested medical review(s) in the next 12 months (if applicable):

Review 1: *Choose an item.*

Review 2: *Choose an item.*

Employee name: _____ Signature and date: _____

Contract Company Supervisor

Employee Name: _____ Signature and date: _____

Peabody Energy Department Manager / Superintendent acknowledgement

Employee Name: _____ Signature and date: _____

If the restriction listed on the Section 4 is not covered by this form, please contact the HST department.

Completed forms must be submitted to the HST department for processing.

Approved Form - Section 4 – Health Assessment Report

Coal Mine Worker's Details

Family Name	Given Name(s)	Date of birth

Employer	Mine(s) (if applicable)

Examination Details

Date of Examination by EMO	Position (e.g. job title (generic))	Is the assessment for underground work?
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

As at the date of this examination, the coal mine worker:

<input type="checkbox"/> Is fit to undertake any position	<input type="checkbox"/> Is suitable for and has no condition which precludes participation in mines rescue - See Mines Rescue Medical Guidelines For Queensland Mines Rescue Service personnel / applicants only.
<input type="checkbox"/> Is fit to undertake the proposed / current position	
<input checked="" type="checkbox"/> Is fit to undertake the proposed / current position subject to the following restriction(s) (if necessary, outline a management program)	

Corrective lenses for distant and near vision

Is not fit to undertake the proposed / current position because of the following restriction(s):

The duration of the restriction is:

Is a further review necessary? Yes Date _____ No

Specify full or type of review required:

Was chest x-ray taken? Yes Date _____ No

Name of Radiologist and Practice

US based x-ray review

Date

As Nominated Medical Adviser I have explained the restriction / additional assessment to the worker Yes No

As Nominated Medical Adviser I have provided a copy of Section 4 to the worker (refer Note a): Yes

I have been advised of the outcome of this assessment. (Practical constraints prevent this from being a compulsory item)	Coal Mine Worker's Signature	
	NMA's Signature:	Date

a) copy of Section 4 to coal mine worker at address shown on page 2; and
 b) copy of Section 4 to employer; or in the case of Mines Rescue membership a copy also to Queensland Mines Rescue Service, GPO Box 156, Dysart, Qld 4745; and
 c) copy of complete Health Assessment Form to Health Surveillance Unit, Department of Natural Resources and Mines, PO Box 467, Goodna, Qld 4300.