

MANAGEMENT OF CURRENT MEDICAL RESTRICTION(S) – CONTRACTORS MOORVALE

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

I **Richard Allsop** of **C&C Civil & Mining Construction** am aware of the following restriction(s) listed on the Section 4 of my CBM. My employer is also aware of the following restriction(s):

Restriction 1: *Use of corrective lenses*

Restriction 2:

Restriction 3:

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

Control 1: *Using corrective lenses when necessary*

Control 2: *Using corrective lenses when necessary*

Control 3:

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

Review 1: *Not Applicable*

Review 2:

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.

Coal Mine Workers' Health Scheme

Approved Form - Section 4 – Health Assessment Report

Coal Mine Worker's Details

Family Name	Given Name(s)	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Mine(s) (if applicable)	
<input type="text"/>	<input type="text"/>	

Examination Details

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

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

- Is fit to undertake any position
- Is fit to undertake the proposed / current position
- Is fit to undertake the proposed / current position subject to the following restriction(s) (if necessary, outline a management program)

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.

Requires corrective lenses for near and distant 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 a chest x-ray taken? Yes Date No

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	Date / /
Nominated Medical Adviser's name and address:	NMA's Signature:	Date

Distribution:

- 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, Safety & Health, Mines & Energy, PO Box 15216, City East 4002.