

# Medical Management Plan

This document must be filled in by contractors or employees who have been identified as having restrictions on their Coal Board Medical.

Please complete the relevant sections of this form and attach additional information (such as specialist reports) if required or as requested by North Goonyella Health, Safety, Environment and Training Department staff.

<b>Name</b>		<b>Date of Birth</b>	
<b>Company</b>		<b>Job Role</b>	<b>Operator</b>

I am aware of the following restriction(s) listed on Section 4 of my Coal Board Medical. My employer is aware of the restriction(s):

Tick Applicable	Restriction
	Adherence to hearing protection protocols
	Use of corrective lenses
	Colour discrimination
	Weight restrictions for operating equipment
	Diabetes (Type I or II)
	Confined space restriction
x	Other – Specify: Cardiovascular Fitness

While working at North Goonyella Mine, I will personally and adequately manage any and all restriction(s) with the following control(s):

Tick Applicable	Control
	Using hearing protection at all times in the work environment
	Adhering to PPE requirements
	Using corrective lenses where necessary
	Using declared medications to manage my condition (including notification of any changes)
	Notify my supervisor of my restrictions and any concerns that I may have
	Check weight restrictions on equipment seating prior to operating equipment
x	Other – Specify or attach management plan: Health and Fitness Program

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

<input type="checkbox"/>	Audiology Review	<input type="checkbox"/>	Blood Pressure Check	<input type="checkbox"/>	Specialist Review
<input type="checkbox"/>	Spirometry	<input type="checkbox"/>	Weight Review	<input type="checkbox"/>	Other Medical Review / Test

Employee / Contractor

<b>Name</b>		<b>Company</b>	
<b>Signature</b>		<b>Date</b>	

Contract Company Supervisor / Representative

<b>Name</b>		<b>Company</b>	
<b>Signature</b>		<b>Date</b>	

Site HSET representative

<b>Name</b>		<b>Position</b>	
<b>Signature</b>		<b>Date</b>	