

MANAGEMENT OF HEALTH RESTRICTION/S - THIS FORM DOES NOT NEED TO BE COMPLETED FOR PRESCRIPTION GLASSES OR HEARING PROTECTION RESTRICTIONS
 It is noted that the Coal Mine Worker (CMW) named below has restrictions/comments regarding their health or fitness for duty that need to be applied in the course of duty. This was determined by the examining medical practitioner whilst undertaking a medical assessment and documented on the Section 4 form (QLD) or Order 43 medical report (NSW). In order to understand this Coal Mine Worker's fitness for duty, Mastermyne requires details of the plan proposed to manage these restrictions or health concerns. Please complete the below sections and forward to the Mastermyne site administrator for processing.

Full Name of Coal Mine Worker		DOB		Role Type		<input type="checkbox"/> Underground <input type="checkbox"/> Surface	
Employer	<input type="checkbox"/> Mastermyne <input type="checkbox"/> Direct Subcontractor:			<input type="checkbox"/> Other:			
Position Title	Mastermyne Site		Mastermyne Supervisor				
Contractor Supervisor/Representative			Phone/Mobile				
Examining Medical Practitioner Name		Date of Examination		Date of Review			

MEDICAL MANAGEMENT PLAN FOR STATED RESTRICTION/S
 The Section 4 or Order 43 medical restriction must not be one which gives rise to an unacceptable level of risk to the safety and health of the Coal Mine Worker or other Coal Mine Workers

Medical Condition/s, Comments/Restrictions	Subsequent Assessment Due Date/s	Controls as listed on medical	Tasks actions required to monitor these controls

COAL MINE WORKER AGREEMENT
1. Consent to Contact Examining Medical Practitioner

I consent to a Mastermyne representative contacting the examining medical practitioner named on my Coal Mine Workers Health Scheme medical assessment for the purpose of discussing the comments on the Section 4 (QLD) or Order 43 (NSW) of that assessment. The purpose of this discussion is to seek clarification about my ability to undertake my duties and tasks at an acceptable level of risk to myself or others while on any Mastermyne site

2. Agreement to Comply with PPE Requirements/Medical Management Plan

I agree to wear the appropriate PPE as described on the Section 4 or Order 43 medical and/or adhere to the Medical Management Plan.

Coal Mine		
Worker Name	Signature	Date

CONTRACTING COMPANY AGREEMENT

By signing below, I acknowledge as the employer of the Coal Mine Worker (CMW) named above that we are aware they have restrictions/comments regarding their health or fitness for duty. We are committed to enforcing the Medical Management Plan outlined in this document and take responsibility for ensuring the above-mentioned Controls are complied with and monitored.

Full Name	Signature	Date
Position/Title	Email	Phone

MASTERMYNE APPROVAL

Responsible Supervisor	Signature	Date
Coordinator/Manager	Signature	Date
HSEQ Dept.	Signature	Date

MASTERMYNE SSE (QLD)/MME (NSW) APPROVAL or DELEGATE

Full Name	Signature	Date
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COPIES OF THIS MUST BE DISTRIBUTED TO: 1. Coal Mine Worker; 2. CMW's Supervisor; 3. HSEQ Dept. - for upload to INX as Event Type "Illness", Subtype "Non Work Related" and under the "Injury" tab and addition of key data to the site Medical Management Plan Register