

# CRINUM UNDERGROUND Medical Management Plan



**This Plan must be completed if the Coal Board Medical states that a worker has a condition which results in a restriction**

The restriction must not, on the basis of the Coal Board Medical, be one which gives rise to an unacceptable level of risk to the safety and health of other workers.  
By signing this MMP means Agreement by all parties to comply with the management plan.

Who	Name	Signature	Date
Name of Worker:			
Name of Responsible Company Supervisor (if applicable)			
Name of Responsible Supervisor:			
Health & Rehabilitation Coordinator Approval:			
HSECT Manager:			
Restriction (s) as stated on the Coal Board Medical	Management Plan for the stated restriction		
<i>[Example] Glasses required for close work</i>	<i>Worker is required to comply with this requirement at all times &amp; compliance will be monitored by our company's direct supervisor</i>		
	<i>[Example] Worker is required to wear glasses for "close work", as documented on the Coal Board Medical dated [Insert Date]</i>		
Date Of Review: _____ / _____ /202_	Section 4 Review: _____ / _____ /202_		