



Medical Management Plan

Medical Management Plan – for restrictions on Order 43 Medicals

Where a restriction is determined on an Order 43 (Amber Result), this plan must be completed and be approved by a Muswellbrook Coal Company delegated MCC representative.

SECTION 1: EMPLOYEE/CONTRACTOR INFORMATION

Name of Employee/Contractor:

Proposed Job Role:

Site: Muswellbrook Coal Company

Comments:

SECTION 2: MEDICAL MANAGEMENT PLAN FOR (please tick)

Amber Light for restriction

Amber Light for medical condition

Other

Order 43 Medical attached

Supporting documentation (i.e Letter from GP) attached

Summary of Restriction and/ or Summary of medical condition monitoring requirements (as detailed on Order 43):

Impact upon workers ability to fulfil their role (if applicable):

Controls Implemented:

Date of next medical review:

SECTION 3: SIGN OFF

Table with 3 columns: NAME AND SIGNATURE, DATE. Rows for Employee or Contractor, Direct Supervisor, and MCC Representative.

Please Note: This form must be signed by the Employee or Contractor & Direct Supervisor prior to sending to MCC for review & approval.