

<b>Family Name</b>		<b>Given Names</b>		<b>Date of Birth</b>	
<b>Position:</b>		<b>Employer:</b>			
<b>Date of Examination:</b> <i>(By AMA – Section 4)</i>		<b>Review Date:</b>			
<b>Restriction/s:</b>		<hr/> <hr/> <hr/>			
<b>Management Plan for Restrictions</b>					
<i>Coal Mine Worker and Supervisor to discuss, implement and record plan below. Approval from HST team member required.</i>					
<hr/> <hr/> <hr/>					
<b>Coal Mine Worker Responsibility</b>					
Comply with Section 4 of the Coal Mine Workers Health Assessment and this Management Plan					
<b>Coal Mine Worker Declaration</b>					
I have read and understand the Management Plan and Restrictions and agree to all restrictions					
<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Middlemount Coal Superintendent Responsibility</b>					
To be aware of the Management Plan and ensure implementation of applicable restrictions are acknowledged by the Supervisor					
<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Middlemount Coal HST Team Member Responsibility</b>					
To confirm that the Management Plan is suitable for the restrictions placed on the Section 4 of the Coal Mine Workers Health Assessment					
<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Middlemount Coal Department Manager Responsibility</b>					
To be aware of the Management Plan					
<b>Name</b>		<b>Signature</b>		<b>Date</b>	

This form, along with the Coal Mine Workers Section 4 / Health Assessment is to be emailed to [MCPLParamedics@middlemountcoal.com.au](mailto:MCPLParamedics@middlemountcoal.com.au) for processing.