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 Millennium Mine Health, Safety, Environment and Training Department staff.

Name		**Date of Birth**	
Company		**Job Role**	

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

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

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

Tick Applicable	**Restriction**
☐	Using hearing protection at all times in the work environment
☐	Adhering to PPE requirements
☐	Using declared medications to manage my condition
☐	Using corrective lenses where necessary
☐	Notifying my supervisor of my restrictions and any concerns I may have
☐	Check weight restrictions on equipment seating prior to operating equipment
☐	Other – Specify or attach management plan : ____

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

☐	Audiology Review	☐	BP Check	☐	Specialist review
☐	Spirometry	☐	Weight Review	☐	Other medical review/test

Employee/Contractor

Name:	**Company:**
Signature:	**Date: / /**

Contract Company Supervisor/Representative

Name:	**Company:**
Signature:	**Date: / /**

Site Paramedic/HSET representative

Name:	**Date: / /**
Signature:	