

HEALTH MANAGEMENT PLAN (HMP)			
First name		Last name	
Position		Site	
Date		Company	
<u>Health Issue(s) or Restriction(s)</u>			
<u>Details of risk / tasks candidate is unsuitable for</u>			
<u>Health Management Plan Requirements / Expectations</u>			
<u>Follow Up Required</u>			<u>Date</u>

Approvals

Position	Name	Signature	Date
Hiring Manager			
H&S Manager / Rehab Co-ordinator			
General Manager (if required)			

Candidate Acceptance of Health Management Plan

Name		Signature		Date:	
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Please forward this form to Health@peabodyenergy.com when completed.