VUL-FRM-08-09-Medical Management Plan

Name:		Date:	
Employer:		Supervisor:	

All Coal Mine Workers identified as having restrictions on their Coal Board Medical are required to complete this form, and have the form approved by their supervisor and HST Department prior to commencement of work on site.

Restrictions	
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):	
☐	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:

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

Worker Sign Off					
Name:		**Signature:**		**Date:**	
Supervisor Sign Off					
Name:		**Signature:**		**Date:**	
HST Department Sign Off					
Name:		**Signature:**		**Date:**	

Please return the completed form to the HST Department