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| Medical Declaration  Medical Management / Health Plan (MMP / HMP) | |
| This declaration must be completed if a medical being submitted is restricted (AMBER) | |
| Employee Name: | Date: |
| Restrictions / Reviews as stated in the Order 43 Medical: | |
| Management plan for the above stated restrictions: | |
| Employee Agreement | Manager |
| I \_\_\_\_\_\_\_\_\_*Employee name*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to follow the restrictions as outlined in this Medical Declaration. | |
| Signature: | Date: |
| Manager Agreement | |
| I *Manager name & title* agree to monitor the restrictions outlined and organise reviews as set out in the Medical Declaration.  The medical report for *insert name* has been received and approved by \_\_\_\_\_*insert company name\_\_\_\_\_* and the applicant is fit for duty in their role as *insert role*  to carry out their role while working within (tick selected site)   * Mt Arthur South * Mt Pleasant – Thiess / Sedgman / MIA Upgrade / MACH Energy | |
| Signature: | Date: |

[Please insert your company letterhead]