**Please complete the relevant sections of the form and submit with the Coal Board Medical attached for processing.**

I (**insert employee name)** of **(company)** am aware of the following restriction(s) listed in the Section 4 of my CBM. My employer is also aware of the following restriction(s):

Restriction 1: Choose an item.

Restriction 2: Choose an item.

Restriction 2: Choose an item.

While working at Cook Colliery, I will adequately manage any restriction(s) with the following control(s):

Control 1: Choose an item.

Control 2: Choose an item.

Control 3: Choose an item.

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

Review 1: Choose an item.

Review 2: Choose an item.

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Company Supervisor

Supervisor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cook Colliery Department Manager/Superintendent acknowledgement

Manager/Supt name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the restriction listed on the Section 4 is not covered by this form, please contact the HST department.

Completed forms must be submitted to the HST department for processing.