

INJURY MANAGEMENT PLAN - Initial

Name	Claim Number	Colliery
Phone Number	Address	Shift
Date of Injury	Type of Injury	Rehab Co-ordinator
Nom. Treating Doctor	Specialist	Current RTW status

Return to Work Goal:	
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Comments:	
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RETURN TO WORK – ACTION & TREATMENT				
Plan of Action		Parties Responsible	Expected Outcome	Review Date
Attend all treatments and appointments as required.		Worker	Reduction of symptoms & Increased physical capacity	
Provide appropriate duties in accordance with Workcover medical certificate		Employer	Facilitate recovery and safe and durable return to pre-injury duties	
Monitor return to work process		CMI Injury Management / Employer	Resolve any injury related issues as they may arise, to promote return to pre-injury duties	
Participate in return to work plan		Worker	Upgrade to pre-injury duties	

Injury Management Advisor: **Vanessa Bell**

Date:

IM Plan Review Date:

c.c. CMI file, employee, employer, doctor