Please use your company letterhead

<Please enter today’s date>

Department of Mines, Industry Regulation and Safety  
Occupational Physician  
WorkSafe  
Locked Bag 100  
EAST PERTH WA 6892  
[safety@dmirs.wa.gov.au](mailto:safety@dmirs.wa.gov.au)

**RE: Appointed Medical Practitioner**

To whom it may concern,

I hereby appoint Dr Graeme Edwards / Dr David Parker as an Appointed Medical Practitioner (AMP) to supervise health surveillance in the workplace for **[Please enter your company name here]** commencing from the date of this letter until further notice. We acknowledge that this appointment may require the AMP to:

* Supervise health surveillance in the workplace.
* Advise on appropriate health surveillance programs for the workplace taking into account the nature of the hazard and occupational exposure.
* Notify and explain the health surveillance results to the employee.  Where the results are of concern, the AMP is to counsel the employee, consider restrictions on or removal from occupational exposure, and liaise with us as the employer to investigate and implement effective workplace controls.
* Record the results and notify the results of health surveillance to WorkSafe on the appropriate WorkSafe Health Surveillance Notification Form as soon as practicable.  Should any results indicate risks of serious harm, the AMP may contact WorkSafe directly.

Kind regards,

**Please enter your Signature:**

**Please enter your Full Name:**

**Please enter your Job Role:**

**Please enter your Company:**

**Please enter your Phone Number:**

**Please enter your Email Address:**

|  |  |
| --- | --- |
| **Employer Details:** |  |
| Business name: | Please enter information here |
| ABN: | Please enter information here |
| Business Address: | Please enter information here |
| Postal Address: | Please enter information here |
| Email: | Please enter information here |
| Phone: | Please enter information here |

|  |  |
| --- | --- |
| **AMP Details:** |  |
| Name: | Dr Graeme Edwards |
| Practice Address: | KINNECT  195 Great Eastern Highway, Belmont WA 6103 |
| Email: | [resultsupdate@kinnect.com.au](mailto:resultsupdate@kinnect.com.au) |
| Telephone: | 07 3391 2623 |
| Term of Appointment: | [Please enter a START DATE] – Ongoing |
| **AMP Details:** |  |
| Name: | Dr David Parker |
| Practice Address: | KINNECT  195 Great Eastern Highway, Belmont WA 6103 |
| Email: | [resultsupdate@kinnect.com.au](mailto:resultsupdate@kinnect.com.au) |
| Telephone: | 07 3391 2623 |
| Term of Appointment: | [Please enter a START DATE] – Ongoing |