Early Medical Assessment



Bread and Cake Retailing

Administrator

1. Bread and Cake Retailing
2. Administrator

Dear Doctor: This form will take up to 5 minutes to complete. Please review each task the worker undertakes (both picture and written description) and tick whether or not the worker can complete this task. If modification required, please leave comments. Space at the end of this document is available for final comments and recommendations.

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* Spreadsheets and invoicing all done on computer.
* Frequent interruptions by drivers, walk in customers, cash counting and phone calls means there is a need to stand and move around.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Bread and Cake Retailing\Skala Bakery\IMG_2423.JPGL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Bread and Cake Retailing\Skala Bakery\IMG_2424.JPG | **Scanning and Filing*** Standing to place paperwork into scanner (auto feed so worker can leave scanner whilst scanning is taking place).
* Filing of paperwork once per week in filing drawers (4 high) therefore some bending required to reach lower drawers.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
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* Undertaken sitting at desk and individually handling coins and cash and entering tally onto computer.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |

1. Work Capacity Form

**Doctor Review (include final comments)**

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I confirm that in my view, subject to the above comments, the worker is able to perform certain duties detailed in this Early Medical Assessment.

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| These duties should be reassessed on: |  | Date: |

|  |  |  |
| --- | --- | --- |
| Signature : |  | Date: |

**Employers Declaration:**

I confirm that I/we have reviewed the Doctor’s recommendations and comments. I/we will make suitable changes to make allowances for the Dr’s recommendations.

|  |  |  |
| --- | --- | --- |
| Signature : |  | Date: |

**Employees Declaration**

My Doctor has discussed their recommendations with me. I have been given the opportunity to participate in this process.

|  |  |  |
| --- | --- | --- |
| Signature : |  | Date: |

For information on completing this form, please contact Business SA on 08 8300 0000.

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