Early Medical Assessment



Bread and Cake Retailing

Packing

1. Bread and Cake Retailing
2. Packing

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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| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2773.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2778.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2771.JPG | **Packing**   * Constant standing and walking. * Lifting racks of cooled pies from the trolley (full range of reaching required). * Placing racks on bench next to pile of plastic containers to be filled. * Lifting individual pies from rack and placing in plastic tray or cardboard box. Usually two hands used for speed. Constant grasping and handling of product and repetitive forward reach. * Placing packaged pies back on racks and replacing racks in trolley. * Boxes may need stickers to be placed on them; fine pinching. * Bending and reaching required to access racks on trolley. | Doctor Approval  Yes  No  Comments: |

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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