Early Medical Assessment



Bread and Cake Retailing

Pastry Worker

1. Bread and Cake Retailing
2. Pastry Worker

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_2571.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2600.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2597.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2606.JPG | **Rolling Sheeted Pastry**   * Rolling out of blocks of pastry occurs automatically on a machine; manual folding of layers, a bilateral task using reach from close to extended range. * Placing flour in hopper on top to keep rollers from sticking (25kg bag lifted to shoulder height). * Placing pastry sheets in automatic roller (less than 14kg). * Bending and twisting to stretch out to edges using both arms to stretch it. * Using knife with dominant hand to cut off rough ends. * Placing round rod in place on belt for automatic rolling onto roll. * Lifting roll with pastry on it to plastic on bench behind to roll for storage on a rack. Bending and extended reaching required to roll into plastic. * Constant standing, constant handling (bilateral task), constant reaching, frequent lifting, frequent bending and twisting and occasional pushing of racks. | Doctor Approval  Yes  No  Comments: |

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: |

|  |  |  |
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| 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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