Early Medical Assessment



Bread and Cake Retailing

Pasty Making

1. Bread and Cake Retailing
2. Pasty Making

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_2789.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2788.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2795.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2799.JPG | **Filling Pasties**   * Constant standing and walking down bench to fill and make pasties. * Brushing one half of pre cut pastry disc with egg wash using dominant hand and brush. * Grasping a handful of filling from a tub on a trolley and placing on pre-cut discs of pastry. * Grasping to fold pastry in half over filling and pressing down with both thumbs to seal pasty edge. | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2791.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2804.JPG | **Cornish Pasties**   * Grasping pasty from bench and using bilateral thumbs and fingers to fold along joined line to form Cornish pasty. Repetitive reaching and movement of hands. * Placing pasty on bench to flatten bottom and place on tray for cooking. | 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: |

|  |  |  |
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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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