Early Medical Assessment



Bread and Cake Retailing

Wrapping Pastry

1. Bread and Cake Retailing
2. Wrapping Pastry

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_2612.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2782.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2621.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2615.JPG | **Wrapping Pastry**   * Constant standing at bench. * Using knife with dominant hand to cut pastry on bench into strips. * Forward reaching within close range to grasp pastry from bench. * Using both hands to wrap a line of pastry around a sausage. Repetitive pronation/supination of wrist and use of fingers and thumb. * Once a pile has formed, walking to trolley behind carrying a few Pastries at a time to place on racks for cooking. Racks require reaching at varying ranges. | 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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