Early Medical Assessment



Bread and Cake Retailing

Wrapping

1. Bread and Cake Retailing
2. Wrapping

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_2819.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2826.JPG | **Start of Wrapping Line**   * Placing items from trays on bench into automatic feeding line. Repetitive forward reaching whist standing constantly. * Machine automatically wraps item. | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2829.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2831.JPG | **Wrapped Items into Trays**   * Wrapped item comes out other side and falls onto rotating disc. * Constant standing whilst grasping two items at a time and putting in a tray on bench in front of the worker. Twisting required to access both areas. * Bilateral, repetitive task at a relatively fast pace. | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Bread and Cake Retailing\Vilis\IMG_2833.JPG | **Wrapped Items into Boxes**   * As above except rather than trays, items are put in boxes. * Box lids are then folded down and boxes are stacked on trolleys. * Boxes come pre-formed (by machine) and plastic bags are already placed inside by other workers. | 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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