Early Medical Assessment



Building Supplies Wholesale

Truck Driver

1. Building Supplies Wholesale
2. Truck Driver

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.

|  |  |  |
| --- | --- | --- |
| IMG_1422IMG_1418IMG_1394 | **Loading Truck*** Pre-picked order is located on trestles or ground.
* Placing sling onto load for use with crane. Bending, crouching, bilateral arm/hand used to tie sling.
* Driving forklift to collect order and load onto truck (see below).
* Tying load, climbing on/off truck to tie straps. Bilateral hand use, repetitive grasping.
 | Doctor Approval[ ]  Yes [ ]  NoComments:  |
| IMG_1402 | **Unloading Truck*** Truck crane is used for unloading. Controls located at chest height on back tray.
* Climbing onto tray required to hook up sling/load to crane.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| IMG_1444IMG_1413IMG_1415 | **Ute Deliveries*** Smaller deliveries are undertaken in the utes.
* Hand loading order or loading with the forklift.
* Generally unloading by hand. Second person at delivery location may assist.
* Grasping, lifting, carrying produce required and loading into tray or racks (above head reaching). Loads will vary in weight and size. Bilateral arm use required.
* Sitting to drive to delivery place.
 | Doctor Approval[ ]  Yes [ ]  NoComments:  |
| IMG_1396 | **Forklift Driving*** As required. Driving the forklift requires the ability to
	+ - be able to mount the forklift repetitively;
		- have unrestricted head and shoulder movement;
		- demonstrate strength in arms and hands for gripping the gear stick and the steering wheel.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |

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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