Early Medical Assessment



Building Supplies Wholesale

Administration / Customer Service

1. Building Supplies Wholesale
2. Administration / Customer Service

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 Three SAWIC Codes 472801, 473601 & 485601\Building Supplies Wholesalers\Glenelg Pool Supplies\IMG_1508.JPG | **Administration**   * Computer and telephone based work undertaken seated. | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Building Supplies Wholesalers\Glenelg Pool Supplies\IMG_1511.JPG  L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Building Supplies Wholesalers\Glenelg Pool Supplies\IMG_1512.JPG  L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Building Supplies Wholesalers\Glenelg Pool Supplies\IMG_1520.JPG  1520  1522 | **Customer Service**   * Standing to assist walk in customers. * Water testing undertaken at bench (940mm), placing small water sample in machine. Fine fingering required. * Accessing items on shelving (<5kg) between floor and shelves up to chest height. * Heavier items (up to 20kg) such as bags of salt and buckets of chlorine are stored on lower shelves/floor or out the back. Sack trucks are available to transport these. * Stocking shelves is undertaken by opening box insitu and taking a few items at a time out to shop front to place on shelves (reduces heavy lifting). * Money handling at bench. | Doctor Approval  Yes  No  Comments: |
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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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