Early Medical Assessment



Domestic Appliance Retailing

Customer Service - Paint

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Customer Service - Paint

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\Banner Mitre 10 Norwood\IMG_2070.JPG | **Customer Service*** Constant standing and walking whilst interacting with customers.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
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* Shelving between floor and overhead height. Light items are located on the higher shelves. Repetitive grasping and reaching to stock shelves. Some low level postures required to access lower shelving.
* Step stool is available to reduce overhead reaching required.
* Paint is stacked from floor level on top of itself using safety rings so they don’t fall. 15L tin of paint and 20L of turps are the largest to be lifted.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
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* Removing lid by levering it off with small tool. Adding tint by using pincer grip to move valves and measure quantities. Reaching between shoulder and chest height required.
* Replacing lid and lifting tin into shaker. Pulling down on two levers bilaterally to close onto tin. Pulling down safety cover with dominant arm. Turn dial on shaker with left arm.
* Opening safety cover and taking tin out.
* 15L tins don’t fit in the shaker so the tin is placed on a low bench and the paint is mixed manually with a mixing stick. Power grip required and shoulder stirs in rotating motion.
 | 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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