Early Medical Assessment



Building Supplies Wholesale

Customer Service

1. Building Supplies Wholesale
2. 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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| --- | --- | --- |
| C:\Users\serenaf\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\FullSizeRender (15).jpg  C:\Users\serenaf\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\FullSizeRender (18).jpg  C:\Users\serenaf\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\FullSizeRender (19).jpg | **Customer Service**   * Constant sitting in office environment. Adjustable chairs available. * Answering phone calls and computer work. * Occasional filing under bench * Standing and talking to customers when they enter shop. * Demonstrating samples to customers (<1kg). Displays requiring reach to above head height. * Customer service officers have forklift licenses however ask storeman to bring heavier products if required. | 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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