Early Medical Assessment

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Building Supplies Wholesale

Pool Cleaner

1. Building Supplies Wholesale
2. Pool Cleaner

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\imagesCA7ON2V1.jpg | **Driving to Homes*** Sitting to drive to customers homes.
* Van has shelves inside and equipment/tools required to clean pools.
* Push/pull force to open van doors and reaching to shelving to access items required.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Building Supplies Wholesalers\Glenelg Pool Supplies\Joe-RPC-1-ver-2-2668.jpgL:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Building Supplies Wholesalers\Glenelg Pool Supplies\untitledclean.pngL:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Building Supplies Wholesalers\Glenelg Pool Supplies\imagesCA8JDH0S.jpg | **Cleaning Pool*** Carrying telescopic pole and bucket containing equipment into pool area of home.
* Standing to use telescopic tools to clean bottom of pool, some bending and twisting required.
* Low level postures to check and clean filter box and creepy crawly.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
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* Low level postures to test water .
* Standing to add required salt/chlorine/chemicals.
* Lifting up to 20kg bag of salt to pour into pool.
 | 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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