Early Medical Assessment



Building Supplies Wholesale

Storeman

1. Building Supplies Wholesale
2. Storeman

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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* Collecting order sheet from office and sourcing product.
* Frequently getting in/out of forklift to source products from shelving.
* Splitting of packs and pulling order required.
* If hand picking boards, workers slide sheet slide off stack and stand it on ground before lifting. Two people lift heavier sheets or forklifts can be used.
* Repacking stack and securing with plastic strapping using a strapping machine (power grip and ratchet motion) and applying clip with 2 handled clamp.
* Physically demanding role with bending, squatting, twisting, lifting, reaching, carrying and gripping involved.
* Weights will vary however loads are awkward ie. sheets sizes can be 2.4m x 1.2m or 3.6m x 1.8m. Bench tops are 4.1m long and heavy.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Building Supplies Wholesalers\Australian Timbers\FullSizeRender (61).jpgL:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Building Supplies Wholesalers\Australian Timbers\FullSizeRender (64).jpg | **Forklift Driving*** + Frequent use of forklift requiring the driver 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.
* Width of aisle allows for forklift to turn.
 | 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: |

|  |  |  |
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| 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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