Early Medical Assessment



Building Supplies Wholesale

Truck Driver

1. Building Supplies Wholesale
2. Truck Driver

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\Australian Timbers\FullSizeRender (3).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. | Doctor Approval  Yes  No  Comments: |
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| L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Building Supplies Wholesalers\Australian Timbers\FullSizeRender (22).jpg | **Unloading Truck at Customer**   * Unloading method depends on customer. Mostly forklifts are used to unload. * Occasionally hand unloading is required. These are usually lifted by truck driver and customer and placed up against a wall or in a rack. * Weights will vary however loads can be awkward | 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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