Early Medical Assessment



Building Supplies Wholesale

Truss Plant Worker

1. Building Supplies Wholesale
2. Truss Plant Worker

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 - 55 templates\Building Supplies Wholesalers\Greenfields\IMG_3844.JPG | **Picking Timber Lengths**   * Lengths of timber stored on trestles on the ground. 6m maximum length (weighing approx 5kg). * Bending to grasp timber length and counteracting length to balance it and carry it to the saw. * Alternatively a trolley can be used to move more than one piece. | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601 - 55 templates\Building Supplies Wholesalers\Greenfields\IMG_3849.JPG  L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601 - 55 templates\Building Supplies Wholesalers\Greenfields\IMG_3851.JPG | **Mango Saw**   * Programming Mango Saw to cut correct angle using touch screen. * Pulling saw handle (between waist and chest height) toward the body to make cut (light force). * Collecting cut pieces of timber and placing on trolley nearby. * Pushing trolley to jig area. | Doctor Approval  Yes  No  Comments: |
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| L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601 - 55 templates\Building Supplies Wholesalers\Greenfields\IMG_3882.JPG | **Clean Up**   * Sweeping floor. * Emptying scraps bin as required (lifting and carrying bin). | 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.

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| --- | --- | --- |
| 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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