Early Medical Assessment



Clothing and Clothing Accessories

Fitter

Clothing and Clothing Accessories

1. Fitter

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.

|  |  |  |
| --- | --- | --- |
| L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Clothing and Clothing Accessories\Jenny and Jerry's Bridal\IMG_0918.JPG  L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Clothing and Clothing Accessories\Jenny and Jerry's Bridal\IMG_0882.JPG  L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Clothing and Clothing Accessories\Jenny and Jerry's Bridal\IMG_0921.JPG  L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Clothing and Clothing Accessories\Jenny and Jerry's Bridal\IMG_0922.JPG  L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Clothing and Clothing Accessories\Jenny and Jerry's Bridal\IMG_0919.JPG | **Fitting**   * Standing to talk with bride * Reaching to carry gown (up to 5kg) and place on high rack * Overhead lifting of gown to place over brides head * Constant fine motor – pinching, gripping, pinning * Constant forward reaching at varying heights * Frequent low level postures for hemming (squatting, high and low kneeling, sitting on floor, bending) * Bending required to arrange dress around bride. | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Clothing and Clothing Accessories\Jenny and Jerry's Bridal\IMG_0916.JPG | **Making appointments**   * Standing at front bench, writing in diary | 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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