Early Medical Assessment



Domestic Appliance Retailing

Cashier

Domestic Appliance Retailing

Cashier

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\Domestic Appliance Retailing\Banner Mitre 10 Norwood\cashier (1).JPG  L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Domestic Appliance Retailing\Banner Mitre 10 Norwood\cashier (4).JPG | **Cashier**   * Constant standing required whilst assisting customers. * Cash and POS handling. * Customer or customer service representative places small items on bench to be scanned. * Hand held scanner used in dominant hand to scan barcodes. No lifting required other than small light items. Grasping of items in non dominant hand required to rotate for scanning. | 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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