Early Medical Assessment



Domestic Appliance Retailing

Customer Service

1. Domestic Appliance Retailing
2. Customer Service

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\The Light Factory\IMG_2077.JPG | **Administration**   * Constant sitting whilst using computer and telephone for orders etc. * Filing in drawers. | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Domestic Appliance Retailing\The Light Factory\IMG_2100.JPG  L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Domestic Appliance Retailing\The Light Factory\IMG_2101.JPG | **Assisting Customers**   * Constant standing and walking to assist customers as required throughout day. * Occasional ladder climbing to access lights hanging from hooks on the roof. * Readying orders. * Handling stock (as below) during customer enquiry. | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Domestic Appliance Retailing\The Light Factory\IMG_2095.JPG | **Cash Handling**   * Computer system and POS equipment set up at standing bench. * Hand held scanner used to enter item into system for sale. | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601 - 55 templates\Domestic Appliance Retailing\The Light Factory\IMG_2080.JPG  L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601 - 55 templates\Domestic Appliance Retailing\The Light Factory\IMG_2081.JPG  L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601 - 55 templates\Domestic Appliance Retailing\The Light Factory\IMG_2098.JPG  L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601 - 55 templates\Domestic Appliance Retailing\The Light Factory\IMG_2087.JPG  L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601 - 55 templates\Domestic Appliance Retailing\The Light Factory\IMG_2103.JPG | **Stock Handling**   * Storeroom to showroom display area. Weights handled vary with majority <5kg. * Hanging lights on existing hooks or off beams on roof. Overhead reach required and lifting with the dominant arm. * Occasional ladder climbing. * Use of battery operated drill to install some light displays. * Vertical display set up using screw driver or drill in dominant hand and steadying/holding light in non dominant hand. * Assembly of lamps at bench using fine hand movements and drill /tools if required. * A few fittings are located on the floor therefore infrequent squatting required. * Bulbs located on shelving floor to overhead height. Ladders available to reduce reaching. * Large chandeliers are the heaviest lift at approx 50kg however ‘floor’ staff are not required to move these. * Re-stocking of displays and shelved as required. * Stock kept out back in shelving and upstairs in rafter storage area. Stair climbing required if this stock is needed. | Doctor Approval  Yes  No  Comments: |
| Image result for images of sweeping and mopping  L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601 - 55 templates\Domestic Appliance Retailing\Radio Rentals\spring-cleaning-dusting-files-large-photo.jpg | **Cleaning**   * Sweeping and mopping as required. * Dusting at varying heights. | 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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