Early Medical Assessment



Domestic Appliance Retailing

Gas Bottle Deliveries

1. Domestic Appliance Retailing
2. Gas Bottle Deliveries

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\Domestic Appliance Retailing\Hiltons of McLaren Vale\img_gas_truck.jpgL:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601 - 55 templates\Domestic Appliance Retailing\Hiltons of McLaren Vale\gas-bottle-truck-25387079.jpg | **Collection of Gas Bottles from****Shop*** Reversing truck (neck and back rotation) up to loading dock and using controller to operate tail lift until in line with dock.
* Manoeuvring 45kg tank (90kg when full) onto truck (pushing/pulling/twisting a very short distance) or using sack truck to place on truck.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601 - 55 templates\Domestic Appliance Retailing\Hiltons of McLaren Vale\imagesCAUN6ZYW.jpg | **Delivery of Gas Bottles to****Customer*** Driving to customer’s home.
* Manoeuvring gas bottle onto sack truck (push/pull/twist).
* Automatically lowering truck lifter.
* Pushing sack truck into position at customers home (flat ground negotiated only).
* Manoeuvring bottle off sack truck
* Frequent climbing in/out of truck
* Pushing of sacktruck
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
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 | Doctor Approval[ ]  Yes [ ]  NoComments: |

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: |

|  |  |  |
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| 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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