Early Medical Assessment



Domestic Appliance Retailing

Service and Electrical Work

1. Domestic Appliance Retailing
2. Service and Electrical Work

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\imagesCA14M8TL.jpgL:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601 - 55 templates\Domestic Appliance Retailing\Hiltons of McLaren Vale\Appliance-Repair.jpg | **Offsite Repairs*** Attending customer’s house for review and repair or collection of faulty goods.
* Sitting to drive van between customers’ houses.
* Standing to discuss with customer and review product.
* Frequent tool use.
* Range of physical requirements differ between product to be serviced. May require low level postures, ladder climbing, twisting and bending, crouching, reaching through full range of heights and tool use ie bilateral fine motor skills.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601 - 55 templates\Domestic Appliance Retailing\Hiltons of McLaren Vale\IMG_2480.JPGL:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601 - 55 templates\Domestic Appliance Retailing\Hiltons of McLaren Vale\IMG_2481.JPG | **Shop Repairs*** Smaller items are brought back to shop to be repaired or dropped off by customers who undertake all manual handling.
* Standing bench available to work from.
* Tool use and constant handling required.
* Tools and equipment kept within easy reach.
* Lifting and manoeuvring of products at bench.
* Pushing sack truck to move larger items.
 | 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: |

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