Early Medical Assessment



Domestic Appliance Retailing

Storeperson

1. Domestic Appliance Retailing
2. Store Person

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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* Unloading truck using hand driven forklift .
* Complete paperwork.
* Arranging products on pallet for lifting into shelving with forklift. Some maneuvering of product on sack truck to get onto pallet may be required. Weights of items range up to 86kg (fridge).
 | 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_2473.JPGL:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601 - 55 templates\Domestic Appliance Retailing\Hiltons of McLaren Vale\IMG_2476.JPG | **Store Displays*** Taking display products out of boxes (and retaining for later in a storeroom). Handling of boxes, tape and reaching at varying ranges remove box off.
* Pushing sack truck with product on it to showroom and placing in appropriate position.
* With a second worker placing TVs on wall mounts infrequently.
* Constant standing, occasional bending, frequent pushing, constant handling.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601 - 55 templates\Domestic Appliance Retailing\Hiltons of McLaren Vale\imagesCAV92VKL.jpgL:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601 - 55 templates\Domestic Appliance Retailing\Hiltons of McLaren Vale\IMG_2496.JPG | **Organizing Deliveries*** Organizing deliveries of goods to customers with delivery driver. Picking order and placing by roller door for collection.
* Use of sack truck and / or forklift to pick order.
* Undertaking necessary paperwork associated with deliveries.
* Constant standing, occasional bending and twisting, frequent pushing, constant handling.
 | 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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