Early Medical Assessment

Domestic Hardware and

Homeware Retailing

Key Cutter

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Key Cutter

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.

|  |  |  |
| --- | --- | --- |
| photo.JPGphoto3.JPG | **Stock Handling**   * Accessing small items (keys) from hooks requiring some light stooping and light overhead reaching * Occasional acceptance of deliveries and light parcels up to 10kg * Firm wrist and slight shoulder movements required for operating knobs on key cutting machinery * Frequent accessing of light items from drawers and shelving requiring bending and occasional squatting | Doctor Approval  Yes  No  Comments: |
| photo 1.JPG | **Customer Service**   * Standing and discussing product * Handling stock (keys only) from wall hangers * Standing at front counter * Occasional writing * Bilaterally grasping items * Handling cash or EFT | Doctor Approval  Yes  No  Comments: |
| photo2.JPG | **Key Cutting Duties**   * Frequent handling of small parts (e.g. keys) * Applying a firm wrist and slight movement of the shoulder to operate knobs on key cutting machinery * Standing position at working bench with some light stooping required to operate machinery * Key cutting with the use of both hearing and eye protection | 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 Doctor’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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