Early Medical Assessment



Domestic Hardware and

Homeware Retailing

Retail Sales Assistant

1. Domestic Hardware and Homeware Retailing
2. Retail Sales Assistant

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 Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Wheel & Barrow\IMG_0461.JPG | **Customer Service**   * Standing and discussing products with customers. * Handling items (< 10kgs) from displays. | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Wheel & Barrow\IMG_0453.JPG | **Customer Assistance**   * Carrying items from shelf to counter for customer. * Replacing unwanted items to shelves. | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Wheel & Barrow\IMG_0451.JPG  L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Wheel & Barrow\IMG_0450.JPG | **Processing Transaction**   * Walking to and standing at front counter. * Unilaterally grasping item and hand held scanner (< 1kg). * Handling cash or EFT. * Wrapping and bagging item(s) at counter. | Doctor Approval  Yes  No  Comments: |
| C:\Users\DirectOT\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\GI072LNI\photo 1 (20).JPG  L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Wheel & Barrow\IMG_0441.JPG  http://www.ullrich.com.au/ladders/images/csladd.jpg | **Receiving Deliveries**   * Receiving delivered items -cartons (up to 15kg) and/or directing the delivery person to storage location – no handling of filled boxes required by staff member. * Storing items in storeroom. Heavier items low down – safety ladders provided and retractable Stanley knives. | 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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