Early Medical Assessment



Domestic Hardware and

Homeware Retailing

Sales Assistant

Domestic Hardware and Homeware Retailing

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\Heatworks\IMG_0392.JPG | **Opening Store*** Moving stock out of store onto front shaded area – no lifting
* Setting up gas cylinders / gas fills
* Vacuuming
* Making coffee
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Heatworks\IMG_0391.JPG  | **Customer Service*** Answering incoming phone calls
* Demonstrating accessories for barbeques
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Heatworks\IMG_0396.JPG | **Loading*** Occasionally loading customer vehicles using trolleys
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Heatworks\IMG_0398.JPG | **Process Sales*** Using hand held scanner with dominant hand
* EFTPOS
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Heatworks\IMG_0384.JPG L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Heatworks\IMG_0388.JPG | **End of Day*** Replenishing stock on shelves . Step ladder available
* Cleaning barbeques (wipe clean only)
 | 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 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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