Early Medical Assessment



Domestic Hardware and Homeware Retailing

Shop Assistant / Front of House

1. Domestic Hardware and Homeware Retailing
2. Shop Assistant / Front of House

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.

|  |  |  |
| --- | --- | --- |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Mitre 10 Glenunga\IMG_0430.JPG | **Customer Service*** Looking up products for customers using keyboard.
* Answering telephones
* Constant standing and reaching within close range.

 | Doctor Approval[ ]  Yes [ ]  NoComments:  |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Wheel & Barrow\IMG_0451.JPG | **Use of Scanner*** Occasional bending/reaching over counter to scan items in shopping trolleys
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Heynes Nursery Norwood\IMG_0680.JPG | **Processing Transactions*** Constant standing and twisting/turning
* Frequent money handling or EFT
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Mitre 10 Glenunga\IMG_0435.JPG | **Customer Service*** Picking up bags of potting mix (25 litres) from front of store for customers – bending and squatting required.
* Assisting customers when required.
 | 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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