Early Medical Assessment



Domestic Hardware and Homeware Retailing

**Stock Replenishment**

1. Stock Replenishment

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\Mitre 10 Brighton\IMG_0947.JPG  L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Mitre 10 Brighton\IMG_0938.JPG  L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Mitre 10 Brighton\IMG_0945.JPG | **General Housekeeping**   * Sweeping * Vacuuming * Cleaning of saws and other equipment (removing dust and materials) * Ensuring safety equipment up-to-date and in correct place | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Mitre 10 Brighton\IMG_0936.JPG | **Stock Replenishment**   * Heavy lifting – up to 30 kilos (with 2 people) * Refilling gardening supplies including potting mixes * Moving pallets when required by pushing / pulling pallet jack | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Mitre 10 Brighton\IMG_0941.JPG |  |  |

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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