Early Medical Assessment



Domestic Hardware and

Homeware Retailing

Storeman and Deliveries - Barbeques

Domestic Hardware and Homeware Retailing

Storeman and Deliveries

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.

|  |  |  |
| --- | --- | --- |
| IMGP3254L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Heatworks\IMG_0385.JPG | **Manual Handling*** Occasional maneuvering and lifting of items
* Frequent handling of gas bottles
 | Doctor Approval[ ]  Yes [ ]  NoComments:  |
| IMGP3240 | **Forklift Driving*** Bilateral upper and lower limb coordination to operate the foot and hand controls when in operation
* Frequent cervical neck flexion, extension and rotation
* Occasional thoracic lumbar twisting to view behind forklift when reversing
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| IMGP3250L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Heatworks\IMG_0394.JPG | **Movement Requirements*** Accessing items from shelving from floor to above head heights requiring squatting/kneeling, lumbar stooping and overhead reaching with shoulders flexed to greater than 160 degrees
* Disposing of cardboard packing boxes
 | Doctor Approval[ ]  Yes [ ]  NoComments:  |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Heatworks\IMG_0384.JPG | **Showroom*** Setting up displays and replenishing shelves
 | 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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