Early Medical Assessment



Domestic Hardware and Homeware Retailing

Workshop Locksmith Service Technician

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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.

|  |  |  |
| --- | --- | --- |
| photo7.JPGphoto10.JPG | **Manual Workshop Handling*** Occasional safe stock transportation, up to 55kg
* Via sack truck
* Via manual lifting (2 person lift)
* Placing into customer vehicles occasionally required, requiring some overreaching with a load
* Occasional transportation and maneuvering of pallets of safe stock (up to 2 ton), with the assistance of a pallet truck
* Applying straps to larger safes to secure them for transportation
* Reaching up to above head heights (approx 2200m)
* Bending to floor level
* Tightening straps using some force
 | Doctor Approval[ ]  Yes [ ]  NoComments: |

|  |  |  |
| --- | --- | --- |
| photo6.JPG | **Rekeying / Repairing Locks*** Working at a bench, sitting or standing position with some light stooping required
* Handling of manual tools required (screwdrivers)
* Frequent handling of small parts (screws)
* Light force required for the application of screws
 |  |
| photo2.JPGphoto3.JPG | **Workbench Duties*** Standing position at bench with some light stooping required
* Frequently handling stock (keys and spare parts) from wall hangers and drawers from floor to 1200mm requiring some bending, squatting and overhead reaching
* Firm wrist and slight shoulder movements required for operating knobs on key cutting machinery
* Key cutting, undertaken with the use of both hearing and eye protection
 | 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.

|  |  |  |
| --- | --- | --- |
| 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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