Early Medical Assessment



Fish and Takeaway Retailing

Chef

1. Fish and Takeaway Retailing
2. Chef

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 Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\Gulf Seafood Malvern\IMG_2315.JPGL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\Gulf Seafood Malvern\IMG_2316.JPGL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\Gulf Seafood Malvern\IMG_2317.JPG | **Cooking ‘Value Add” Products*** Constant standing at bench to prepare food.
* Constant handling of knives, spoons etc whilst cooking. Frequent reaching. Use of both hands is necessary.
* Frequent lifting of ingredients from cool room to preparation bench. Varying weights; shelving between floor and overhead height requiring low level postures up to high reaching.
* Frequent lifting of pots and saucepans.
* Placing cooked product in individual plastic containers to be put in display cabinet.
* Items cooked include sausages, pies, bolognaise, fish based products, soups, stock etc.
* Wiping down benches and washing dishes as 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 Dr’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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