Early Medical Assessment



Fish and Takeaway Retailing

Chocolate Panning

1. Fish and Takeaway Retailing
2. Chocolate Panning

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 - 33 templates\Fish and Takeaway Retailing\Charlesworth Nuts\panning (23).JPGL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Fish and Takeaway Retailing\Charlesworth Nuts\panning (11).JPGL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Fish and Takeaway Retailing\Charlesworth Nuts\panning (7).JPGL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Fish and Takeaway Retailing\Charlesworth Nuts\panning (19).JPG | **Tipping Chocolate*** Filling bucket with liquid chocolate from low tap requiring bending, squatting or sitting on foot stool.
* Carrying bucket to spinning pans (6 -10kg).
* Lifting bucket up to hook .
* Sitting to tip bucket to pour steady stream of chocolate onto spinning nuts so they are evenly coated. Static reaching to tip bucket with one arm (prolonged shoulder flexion to 45 degrees).
* Reaching and forward bending to turn on pan (ie to start it spinning). Handle cannot be made longer due to the movement of the pans.
 | Doctor Approval[ ]  Yes [ ]  NoComments:  |
| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Fish and Takeaway Retailing\Charlesworth Nuts\panning (17).JPGL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Fish and Takeaway Retailing\Charlesworth Nuts\panning (6).JPG | **Storage*** Once nuts are covered with chocolate worker holds a square plastic bucket into spinning pan to collect all product and pour into tote box.
* Carrying full tote box to coolroom
 | 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: |

|  |  |  |
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| 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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