Early Medical Assessment



Fish and Takeaway Retailing

Filleter

1. Fish and Takeaway Retailing
2. Filleter

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_2301.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\Gulf Seafood Malvern\IMG_2303.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\Gulf Seafood Malvern\252x168_fisch_step3_01.jpg  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\Gulf Seafood Malvern\IMG_2328.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\Gulf Seafood Malvern\IMG_2305.JPG | **Filleting Fish**   * Constant standing at bench. * Obtaining fish from cool room and placing in fresh water in the middle of the bench. Lifting tubs up to 30kg full of fish and ice (with a second worker). * Using knife with dominant hand to fillet and skin fish repetitively. * Placing filleted fish in shallow tub and carrying to bench with wrapping station. * Wrapping tub using both hands to grip and pull plastic down from roll, tear off and wrap around tub. * Placing tub in cool room on shelving from above floor to overhead height. | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\Angelakis\clean-room-wipe.jpg  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\Angelakis\images (1).jpg | **Cleaning**   * Wiping benches. * Hosing and scrubbing floor. * Cleaning knives. | Doctor Approval  Yes  No  Comments: |

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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