Early Medical Assessment



Fish and Takeaway Retailing

Frozen Yoghurt

1. Fish and Takeaway Retailing
2. Frozen Yoghurt

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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| C:\Users\serenaf\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\IMG_1890.jpgL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\The Yogurt Shop\The Yogurt Shop\fulham\frozen yoghurt\IMG_1888.JPGL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\The Yogurt Shop\The Yogurt Shop\fulham\frozen yoghurt\IMG_1887.JPGL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\The Yogurt Shop\The Yogurt Shop\fulham\frozen yoghurt\IMG_1876.JPG | **Making Frozen Yoghurt*** Emptying 5L yoghurt bag into bucket. Making mix of yoghurt and flavor in a 10L bucket. Make two at a time.
* Pouring bucket into ice cream machine (pouring at shoulder height, bilateral task).
* Pouring frozen yoghurt out of machine into a frozen ice cream display bucket. Pulling down on lever.
* Smaller machine for use to fill small buckets. Pull down on lever to make frozen yoghurt flow.
* Replacing lid on buckets and place in crate on bench.
 | 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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