Early Medical Assessment



Fish and Takeaway Retailing

Frying

1. Fish and Takeaway Retailing
2. Frying

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\frying (4).JPG | **Measuring**   * Scooping raw nuts from box raised to waist height to suspended weights. Gripping scoop and twisting / reaching sideways between box and weights. * Pouring weighed nuts into frying basket. | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Fish and Takeaway Retailing\Charlesworth Nuts\frying (6).JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Fish and Takeaway Retailing\Charlesworth Nuts\frying (7).JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Fish and Takeaway Retailing\Charlesworth Nuts\frying (9).JPG | **Cooking**   * Lifting baskets (two hands) into hot oil. * Lifting basket of cooked nuts out of oil and pouring sideways into waiting tub on bench. Gripping and shoulder flexion and internal rotation of left shoulder required to tip to side. * All tasks require constant standing and moving around. | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Fish and Takeaway Retailing\Charlesworth Nuts\frying (1).JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501 - 33 templates\Fish and Takeaway Retailing\Charlesworth Nuts\frying (3).JPG | **Oil**   * Filling of oil vats using a bucket. * Oil drum kept in storeroom; worker fills a plastic bucket to weight he/she can manage, carries it to the cooker and pours it in. | 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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