Early Medical Assessment



Fish and Takeaway Retailing

Packing Tubs

1. Fish and Takeaway Retailing
2. Packing Tubs

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\The Yogurt Shop\The Yogurt Shop\fulham\IMG_1873.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\The Yogurt Shop\The Yogurt Shop\fulham\IMG_1865.JPG | **Shelving**   * Carrying full crate to cool room and placed on shelves. * Rotation of stock as required involving lift of tubs and placing back on shelves in different order. | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\The Yogurt Shop\The Yogurt Shop\fulham\IMG_1871.JPG  L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\The Yogurt Shop\The Yogurt Shop\fulham\IMG_1882.JPG | **Toppings**   * Refilling hoppers for fruit toppings daily from 19L bag or 3.5L tin cans. Bilateral overhead reach required to pour into hopper. Step can be used to reduce reaching. * Placing dry ingredients on overhead shelves in boxes. These are only accessed occasionally to re-stock. * Puree bottles are refilled using a scoop with the dominant hand. | 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: |

|  |  |  |
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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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