Early Medical Assessment



Fish and Takeaway Retailing

Picking

1. Fish and Takeaway Retailing
2. Picking

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_1867.JPGL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\The Yogurt Shop\The Yogurt Shop\fulham\IMG_1873.JPGL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\The Yogurt Shop\The Yogurt Shop\fulham\IMG_1885.JPGIMG_1858 | **Picking Orders*** Collecting order docket.
* Pushing warrick tub on trolley to pick order from shelving.
* Frequent reaching and grasping to obtain required stock.
* Forming box using both hands to fold flaps down. Repetitive bilateral gripping, pronation / supination, forward reaching, whilst standing at bench height.
* Repetitive gripping to pack order into box.
* Taping box down using sticky tape gun (hammer grip dominant hand).
* Carrying box into coolroom or if more than one, placing on trolley to push.
* Occasionally lifting boxes onto pallet on the floor.
 | 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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