Early Medical Assessment



Fish and Takeaway Retailing

Dispatch

1. Fish and Takeaway Retailing
2. Dispatch

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 Three SAWIC Codes 472801, 473601 & 485601\Building Supplies Wholesalers\Banner Mitre 10 Norwood\IMG_2001.JPG | **Wrapping Pallets** * Bending and twisting to reach pallet on floor to start wrapping. Bilateral hold on roll of plastic whilst walking in crouch position around pallet.
* Pallets are moved by hand driven forklift.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\Angelakis\delivery_van.png | **Loading Vans*** Vans are loaded by hand ie lifting from pallet and carrying / placing inside van. Boxes mainly 5kg or 10kg. Infrequently a box up to 20kg may be lifted.
* Offsite trucks are loaded using the forklift.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\Angelakis\IMG_2296.JPG | **Dispatch Paperwork** * Paperwork completed in office whilst seated at a desk. Computers used as required.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\Angelakis\IMG_2299.JPG | **Wholesale Counter*** Customer service for walk in customers as required.
* Counter requires reaching and forward bending to access frozen items at the front.
* Till located on bench.
* Upright freezer with shelving between floor and shoulder height for additional items.
* Occasionally orders are phoned in and may require fresh fish and poultry to be added. Fresh fish factory is across the road so worker must walk across road to collect and carry or push on trolley back to dispatch.
 | 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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