Early Medical Assessment



Fruit and Vegetable Retailer

Customer Service

1. Fruit and Vegetable Retailer
2. Customer Service Assistant

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 Two SAWIC Codes 485301 & 488301\Fruit and Vegetable Retailing\Farmer Joe's Barn\IMG_0766.JPG****L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Fruit and Vegetable Retailing\Farmer Joe's Barn\IMG_0525.JPG** | **Customer Service*** Scanning and weighing each item placed on bench by customer
* Processing payment for items
* Packing items for customer
* Occasional lifting of 5kg bags through checkout
* Occasionally assisting elderly customers by taking goods with trolley to customer’s vehicle
* Taking orders for commercial customers
 | Doctor Approval[ ]  Yes [ ]  NoComments:  |
| **L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Fruit and Vegetable Retailing\Farmer Joe's Barn\IMG_0752.JPG** |

|  |
| --- |
|  **Cleaning*** General cleaning and dusting of shop floors and shelves
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 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Fruit and Vegetable Retailing\Farmer Joe's Barn\IMG_0526.JPG | **Replenishment of Stock*** Frequent stocking of shelves and fixtures
 | 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 Doctor’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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