Early Medical Assessment



Fruit and Vegetable Retailer

Deli Staff

1. Fruit and Vegetable Retailer
2. Deli Staff

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_0514.JPGL:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Fruit and Vegetable Retailing\Farmer Joe's Barn\IMG_0519.JPG | **Store Preparation*** Slicing meat as required using meat slicer. Bilateral reaching required, right arm pulling slicer back and forward (light force only), left arm to catch and place cut meats.
* Preparing chickens for rotisserie
* Spliting chickens with scissors when cooked and when required for customers
 | Doctor Approval[ ]  Yes [ ]  NoComments:  |
| C:\Users\serenaf\Documents\Scales.jpg | **Customer Service*** Standing and discussing produce with customers
* Weighing, wrapping and pricing items for customers using bilateral upper limbs and grasping.
* Accepting phone orders from customer and preparing goods
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Fruit and Vegetable Retailing\Farmer Joe's Barn\IMG_0522.JPG | **Stock Replenishment*** Replenishing meats and cheese to display requiring lifting up to about 5kgs
* Occasionally walking to retrieve stock from coolroom.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Fruit and Vegetable Retailing\Farmer Joe's Barn\IMG_0515.JPGL:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Fruit and Vegetable Retailing\Farmer Joe's Barn\IMG_0511.JPG | **Cleaning*** Cleaning slicing machines thoroughly
* Keeping rotisserie clean, by wiping
* Display cabinets to be cleaned thoroughly daily involving bending and reaching in to wipe inside glass and removing all product to wipe over shelving.
 | 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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