Early Medical Assessment



Fruit and Vegetable Retailer

Produce Washer

1. Fruit and Vegetable Retailer
2. Produce Washer

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\Thorndon Park Produce\IMG_0815.JPG  L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301 - 40 templates\Fruit and Vegetable Retailing\Thorndon Park Produce\IMG_0800.JPG  L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Fruit and Vegetable Retailing\Thorndon Park Produce\IMG_0801.JPG  L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Fruit and Vegetable Retailing\Thorndon Park Produce\IMG_0812.JPG | **Washing**   * Bundling freshly harvested produced for hand washing and placing rubber around bundles; bilateral hand use. * Produce bins taken by forklift to conveyor belt where it is laid on a conveyor belt by hand, sprayed with a fine mist and then plunged into a large container for final wash. * Repetitive forward reaching and twisting to access bundles from bin behind and place on conveyor belt. Constant, repetitive gripping. Constant standing and moving. | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Fruit and Vegetable Retailing\Thorndon Park Produce\IMG_0810.JPG | **Final Step**   * Washed produce placed by hand in produce bin and moved to packing area for final inspection and packaging. | 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: |

|  |  |  |
| --- | --- | --- |
| 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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