Early Medical Assessment



Machinery and Equipment Wholesalers

Field Worker

1. Machinery and Equipment Wholesalers
2. Field Worker

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\Machinery and Equipment Wholesalers\Retaining Wall Industries\IMG_2188.JPG  L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Machinery and Equipment Wholesalers\Retaining Wall Industries\IMG_2194.JPG  L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Machinery and Equipment Wholesalers\Retaining Wall Industries\IMG_2195.JPG | * Using crow bar to reposition sleepers if not straight (bilateral activity, heavy force required to position and lift sleepers). * Cleaning up site. * Constant standing, frequent lifting / carrying, frequent bending and squatting, constant gripping and use of arms. * Constant walking on uneven ground. |  |
| L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Machinery and Equipment Wholesalers\Retaining Wall Industries\IMG_2166 - Copy.JPG  L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Machinery and Equipment Wholesalers\Retaining Wall Industries\IMG_2173.JPG | **Earthworks Equipment**  **Operator**   * Constant sitting required whilst driving excavator and bobcat (license required). Can be rotated between staff depending on who is available with a license. Driving over uneven ground. * Most digging, drilling, backfilling, lifting undertaken using excavator with different attachments. * Occasional climbing in/out of excavator. * Attachment of different tools to excavator may require some manual work eg. gripping and maneuvering of the sleeper lifter, bending. | 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 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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