Early Medical Assessment



Machinery and Equipment Wholesaling

Packing

1. Machinery and Equipment Wholesailing
2. Packing

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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* Lifting 10kg bag of coffee beans and pouring into tub on wheels (top waist height). Pushing tub to packing machine (light force).
* Machine sucks up beans, grinds and packs into pods. Pods are moved down chute into a waiting box.
* Folding boxes using two hands and placing under chute.
* Removing full box (<2kg) and lifting onto bench to tape shut.
* Using taping gun to seal box. Bilateral activity, one hand holding box shut and the dominant hand using power grip to hold tape gun.
* Lifting box onto pallet on the floor.
* Constant standing and walking.
* Twice per day lifting a roll of film (17.6kg) to reload into the packing machine.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
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| L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Domestic Appliance Retailing\Banner Mitre 10 Norwood\goods inwards (10).JPG | **Deliveries*** Interstate orders are palletized and wrapped manually.
* Wrapping pallets with shrink wrap involving prolonged bending, whilst walking around pallet. Both hands are used to grip wrap at either end to allow it to run out. Pulling required.
* Local deliveries remain loose and are packed straight into trucks. Involves lifting and carrying light boxes.
* Forklift is available to move pallets as required.
* Bilateral upper and lower limb coordination to operate the foot and hand controls;
* Cervical neck flexion, extension and rotation ;
* Occasional thoracic lumbar twisting to view behind forklift when reversing.
 | 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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