Early Medical Assessment



1. Branch Operations Manager
2. Professional Equipment Wholesaling SAWIC Code 473301
3. Branch Operations Manager

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 One SAWIC Codes 473301 & 484001\Professional Equipment\Cooper Fluid Systems\IMG_0314.JPG | **Administrative Tasks*** Sitting at desk (approx. 90%) performing administrative tasks
* Desk height: 0.72m
* Adjustable chair
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Professional Equipment\Cooper Fluid Systems\IMG_0315.JPG | **Administrative Tasks*** Respond to phone calls and emails
* Use computer and keyboard to work on documents
* Fetch folders from book shelf
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Professional Equipment\Cooper Fluid Systems\IMG_0317.JPG | **Other Administrative Tasks*** Walk to filing cabinet to access work orders
* Walk to photocopier for copying
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Professional Equipment\Cooper Fluid Systems\IMG_0320.JPG | **Other Tasks*** Walk to front counter in order to serve customers
* Counter height: 1.2m
* Counter depth: 0.6m
* Lift small boxes from under the front counter that have been left for pick-up
	+ Boxes: 20kg (max.)
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Professional Equipment\Cooper Fluid Systems\IMG_0326.JPG | **Warehouse Duties (Relieving)*** When required, provide relief in the warehouse, e.g.
* drive forklift
 | 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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