Early Medical Assessment



Professional Equipment Wholesaling

Optical Wholesaler Distribution Worker



1. Professional Equipment Wholesaling
2. Optical Wholesaler Distribution 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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| --- | --- | --- |
| cid:690f6a053fc71362d3702227e2fcf9f3.jpeg | **Replenishing Shelves**   * Performed at start of shift < 1hr * Removing boxes (up to 4.3kg) from pallet racking to trolley * Pushing trolley on concrete floor * Placing stock on shelving from floor to above head height * Overflow stock placed on different shelf | Doctor Approval  Yes  No  Comments: |
| cid:b6bdc7acdd5e7b1b97b41f66d8d75d3c.jpeg | **Picking Orders (Large)**   * Pushing trolley to retrieve full boxes of stock from bulk area * Lifting boxes (individual 4.3kg; full 22.4kg) from pallet racking to pallet | Doctor Approval  Yes  No  Comments: |
| cid:1a277a73018916f86c3d022184d67aa0.jpeg | **Picking Orders (Mixed)**   * Smaller orders are picked from shelf directly into a box on the trolley at waist height. Repetitive reaching and grasping required. * Trolley is pushed and stock retrieved against order sheet * Completed order lifted from trolley to bench (variable weight 3 - 22kg) | Doctor Approval  Yes  No  Comments: |
| cid:adb31d07a810e29edf3b4055a31a11d0.jpeg | **Checking Orders**   * One worker checks picked orders * Static standing at bench * Bending and rotating neck to check picked stock against order * Occasional handwriting and manipulation of paperwork | Doctor Approval  Yes  No  Comments: |
| cid:2926ccf3d2c152454fc335f1a08a9a57.jpeg | **Taping boxes**   * Holding 1/2kg hand held tape sealing tool to tape carton shut * Lifting carton to pallet or bench destination (3-4.4kg or 22.3kg) | Doctor Approval  Yes  No  Comments: |
| cid:1a9ca75de860ca347d57029293cf5a1c.jpeg | **Receipt of Daily Deliveries**   * Receiving stock from courier van – air bags (1kg); cartons (up to 22kg) * Receiving palletized goods from truck and moving with forklift   + Driving the forklift requires the driver to     - be able to mount the forklift     - have unrestricted head and shoulder movement * demonstrate strength in arms and hands for gripping the gear stick and the steering wheel. | Doctor Approval  Yes  No  Comments: |
| cid:4b129b719022825fcb0a9709aee5b7d5.jpeg | **Receipt of Bulk Stock**   * Offloading truck using forklift (as above) * Moving pallets around bulk store using manual pallet jack * Checking off goods * Unpacking stock from mixed pallets requiring bending, reaching and grasping * Lifting stock from pallet and carrying to designated shelf / area | Doctor Approval  Yes  No  Comments: |
| cid:46a2cca6bc5e55c60e5c2bc71ef47885.jpeg | **Retrieval and Stocking of Finished Lenses (Mezzanine)**   * 30% of work day * Climbing stairs to mezzanine * Retrieving or placing boxes of lenses (1.2kg) from/to shelving (floor to varying heights) * Pushing trolley around mezzanine shelving * Statically standing and counting lenses | Doctor Approval  Yes  No  Comments: |
| cid:1992e0530ab2479d1074343ef27fe11b.jpeg | **Carton Assembly**   * Standing at bench * Retrieving blanks from shelves and placing on bench * Grasping blank and using wrist flexion and forearm pronation to fold flaps in | 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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