Early Medical Assessment



1. Rental Equipment Manager
2. Professional Equipment Wholesaling SAWIC Code 473301
3. Rental 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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| --- | --- | --- |
| photo 7.JPG | **Desk duties**   * Remain in a seated position for approximately 60% of the working day (desk 700mm) with regular breaks * Quoting and invoicing * Answer phone calls * Conduct client meetings | Doctor Approval  Yes  No  Comments: |
| photo.JPGphoto 2.JPGphoto 3.JPG | **Manual handling duties**   * Manual handling of equipment for approximately 40% of the working day * Occasional rolling of items larger than 50kg stored at floor level, requiring claw grasping and internal/external shoulder movements * Occasional lifting of large items (approximately 30kg), accessed from the shelving in a standing position * Frequent accessing and carrying medium to large pieces of equipment * Frequent handling, checking and packing of medium sized items * Frequent handling of small parts | Doctor Approval  Yes  No  Comments: |
| photo 4.JPGphoto 5.JPG | **Movement requirements**   * Checking and packing of equipment at 750mm high level, some stooping is required * Frequent manual handling requiring claw grasping and internal/external shoulder movements * Access items from floor to above head heights requiring squatting/kneeling, lumbar stooping and overhead reaching with shoulders flexed to greater than 160° | 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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