Early Medical Assessment



1. Sales Support
2. Professional Equipment Wholesaling SAWIC Code 473301
3. Sales Support

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**   * Sit at desk for approx. 70% performing administrative tasks * Desk height: 0.72m * Adjustable chair | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Professional Equipment\Cooper Fluid Systems\IMG_0315.JPG | **Administrative Tasks**   * Respond to enquiries by fax, phone, email * Time spent: * 50% - computer * 20% - phone calls * Use computer and keyboard to process orders and quotes | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Professional Equipment\Cooper Fluid Systems\IMG_0317.JPG | **Other Administrative Tasks**   * Fetch folders from book shelf * Walk to photocopier for copying * Walk to fax machine | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Professional Equipment\Cooper Fluid Systems\IMG_0381.JPG | **Workshop**   * Work in workshop for approx. 30% (fitter by trade and services parts and modifies/repairs general hand tools) | 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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