Early Medical Assessment



Bread and Cake Retailing

Barista

1. Bread and Cake Retailing
2. Barista

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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* Accessing 2L milk from upright fridge and pouring into jug.
* Holding milk jug to steamer and turning knob (approx chest height) with dominant hand to operate steam.
* Pour heated milk into cup.
* Pressing buttons on machine between chest and shoulder height to operate.
* Wrist supination and ulnar flexion whilst gripping scoop to place coffee grounds in machine. Second hand pulls lever to drop the grounds.
* Tamping grind, downwards pressing motion with dominant hand whilst gripping tamper.
* Wrist pronation to tip out used ground coffee.
* Setting out saucers with teaspoons and biscuit. Placing coffee on plate for waitress to collect.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
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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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