Early Medical Assessment



Building Supplies Wholesale

Picker

1. Building Supplies Wholesale
2. Picker

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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* Obtaining order sheets from bench and placing on clip board.
* Once opened, timber stacks are located on trestles, trolleys or floor.
* Hand picking 1-2 pieces at a time from stacks (low level postures and gripping required) and placing on trestles.
* Timber lengths are up to 6m long and can be awkward. Counter balancing required to control load.
* Hand trolleys may be available for use with produce on pallets; push/pull force.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
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* Strapping machine – ratchet like motion required whilst gripping lever to pull strap tight. Power grip required by dominant hand. Fine gripping required by second hand to feed strap into machine.
* Clipping machine requires bilateral hand grip to squeeze handles together to place clip on strap.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Building Supplies Wholesalers\Australian Timbers\FullSizeRender (3).jpg | **Forklift driving*** Forklift is used to pick up order and take outside for delivery driver to collect.
* Driving the forklift requires the ability to
	+ - mount the forklift repetitively;
		- have unrestricted head and shoulder movement;
* demonstrate strength in arms and hands for gripping the gear stick and the steering wheel.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
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* Picking the 2 lengths required to make required timber length from trestles or floor.
* Push/pull force required to position clamp and pulling of lever to join. Handle and lever are between waist and chest height.
* Pushing / rolling joined timber length onto trestle nearby.
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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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