Early Medical Assessment



Clothing and Clothing Accessories

Sportswear Retail Sales Assistant

1. Clothing and Clothing Accessories SAWIC Code 484001

**Clothing and Clothing Accessories**

1. Sportswear Retail Sales Assistant

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\Clothing and Clothing Accessories\Jem Designs\IMG_0274.JPG L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Clothing and Clothing Accessories\Jem Designs\IMG_0279.JPG | **Customer Service**   * Handling stock (⅓ - 1kg), includes amongst others * Swimwear/sportswear * Dance wear * Assist customer (e.g. with fetching new garments or shoe fitting) * Repeated squatting and getting up, bending, reaching, using steps/ladders in order to fetch other alternatives for the customer (as appropriate) | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Clothing and Clothing Accessories\Jem Designs\IMG_0263.JPG | **Process Transaction**   * Standing at front counter * Discussing product with customer * Scanning item(s) * Handling cash or EFT * Wrapping and bagging item(s) at counter * Fine motor skills and forward reaching required |  |
| L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Clothing and Clothing Accessories\Jem Designs\IMG_0273.JPG L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Clothing and Clothing Accessories\Jem Designs\IMG_0288.JPG | **Handling Stock**   * Handling stock on shelves (floor level to 1.8m high) * Loose or boxed items, e.g. clothing or shoes (max.1.0kg) * Wall hangers / racks may be at various heights * Repeated forward reaching, and reaching between floor level (squatting) and overhead heights * Grasping of product   *Step stool and ladder may be available* | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Clothing and Clothing Accessories\Jem Designs\IMG_0285.JPG | **Processing Bulk Stock and Orders**   * Receiving delivered goods at front counter * Unpacking boxes and shelving / hanging stock * involves constant bending, reaching and moving | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Clothing and Clothing Accessories\Jem Designs\IMG_0267.JPG | **Mending**   * Mending garments by hand at the back of the shop (when time allows). Fine dexterity required | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Clothing and Clothing Accessories\Jem Designs\IMG_0271.JPG | **Sorting**   * Sorting mended garments on work bench at the back of the shop (when time allows) | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Clothing and Clothing Accessories\Jem Designs\IMG_0270.JPG | **Logging Jobs**   * Keeping a log of finished jobs (i.e. garments mended) on the whiteboard | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage One SAWIC Codes 473301 & 484001\Clothing and Clothing Accessories\Jem Designs\IMG_0277.JPG | **Other Daily Tasks**   * Labeling merchandise * Replacing stock on shelves and on hangers (varying heights) * Tidying up * Cleaning windows * Vacuuming / sweeping / dusting | 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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