

**Medical Certificate:** The first certificate issued. The certificate is lodged with a new claim and can only be signed by a medical practitioner. The medical certificate can only be issued for **14 days or less** off work.

**Certificate of capacity:** Subsequent to the initial certificate. It may be signed by a medical practitioner, physiotherapist, chiropractor or osteopath. The medical certificate can only be issued for **28 days or less**, unless there are special reasons (must be stated in the comments section of the certificate)

**Attendance Certificate:** Issued when the injured worker is back at work and the employer requires proof of the workers attendance at a medical examination or treatment. Only the patients name, date of examination and the treating health professionals name and address must be completed

MEDICAL PRACTITIONERS

Accident Compensation Act 1985

WORKCOVER AUTHORITY

OFFICE OF CAPACITY

Medical Certificate - up to 14 days unless special reasons apply (under section 105 of the Act)       Continuing certificate of capacity - up to 28 days unless special reasons apply (under section 111 of the Act)       Attendance certificate only - (this cannot be used to claim weekly benefits)

Patient's full name: ANGELA COOPER      Date of Birth: 28/09/79  
 Patient's address: 15 JOHNSTON ST, Lysterfield VIC 3156  
 Description of injury/disease: @ SHOULDER, ARM & BACK STRAIN  
 Diagnosis: STRAIN

Other details such as any aggravation or recurrence of a previous injury or a degenerative component: [Redacted]  
 Injury/disease is consistent with patient's description of cause: Yes  Uncertain       Patient's type of work: MACHINE OPERATOR (see note 11)

Treatment/medication: REST, ANALGESICS

Referral to another health care provider (give details of provider and service requested, duration and frequency when relevant)

CAPACITY FOR WORK

Discussion with the employer must be undertaken to find out whether suitable employment is available for your patient, given his/her injury/disease (see notes 12 & 13)

Fit for	from	to
Normal duties		
Modified duties	22/12/05	27/12/05
Alternative duties		
Unfit for any work	18/12/05	21/12/05

WORK RESTRICTIONS (see notes 14 & 15)

LIMITED REPETITIVE TASKS  
 NO LIFTING > 5 kg  
 REGULAR REST BREAKS

Next review date: 27/12/05

I certify that I have clinically examined this patient. The information and medical opinions contained in this certificate are, to the best of my knowledge, true and correct.

MEDICAL PRACTITIONER IDENTIFICATION

Name, address and phone number (practice stamp if available)

DR PAUL FARMER  
 SUITE 1, 5 CARLING ROAD  
 PANDENONG  
 9795 1122

Specialty: GENERAL PRACTITIONER

Signature of medical practitioner

Provider number or hospital name

82974 X

Date of examination\* 18/12/05

Date of issue 18/12/05

\*If this certificate refers to a period prior to the date of examination, please give details in Comments (above). See over for patient declaration.

Adequate information must be included in the 'Diagnosis and description of injury/disease' section of the medical certificate so that Gallagher Basset establish liability and determine whether there will be any ongoing incapacity relating to the injury. Where the information is inadequate, the certificate will be returned eg. "see previous certificate", "pain", "injury"

This section should include any restrictions that will apply when the injured worker returns or remains at work

The following fields must be completed by the treating health professional. Where the information is inadequate, the certificate will be returned

The certificate must include the date from which the injured worker will be fit for normal, modified or alternative duties, or unfit for any work. If any of these dates are prior to the exam date, comments must be provided

EXAMPLE ONLY

VALID MEDICAL CERTIFICATE – EXAMPLE ONLY  
(All information is 'made up' for the purpose of this example)

11/05

MEDICAL PRACTITIONERS

**EMPLOYER DETAILS**

Employer's name and address

LUXURIOUS BEDDING INCORPORATED  
592 MOUNTAIN HWY DANDENONG

Telephone number

9872 5931

**PATIENT DECLARATION**

(to be completed **only** for a continuing certificate, **not** for the first medical certificate or attendance certificate)

I,  have  have not (tick appropriate box)

been engaged in or been paid to perform any employment (voluntary or otherwise) since the last continuing certificate of capacity was provided and I declare that the information given on this certificate are true and correct, knowing that false declarations are a criminal offence.

(If you have been engaged in or been paid to perform any employment, please attach details when you forward this certificate to your employer)

Signature of patient Date

*[Signature]* 18/12/05

Name of witness (please print)

MARK COOPER

Signature of witness Date

*[Signature]* 18/12/05

**IMPORTANT NOTICE FOR WORKERS**

**1. ROLE OF CERTIFICATE OF CAPACITY:** This certificate is one of two things you need to make a claim for compensation for your injury, the other is the claim form - see below. The certificate supplies the information needed to confirm the time that you have had off work as a result of your injury. It is important that you sign this certificate if you have already submitted a claim. Weekly benefits will only continue to be paid if this section has been completed, and your signature witnessed.

**2. LODGING A CLAIM:** If you suffer a work related injury leading to time off work or medical treatment, you may wish to make a claim for WorkCover compensation. You should give the claim form (and this Certificate of Capacity if you require time off work) to your employer as soon as possible. This will allow processing of your claim and potentially enable the allocation of appropriate rehabilitation specialist services. This gives you the best chance of a quick and complete recovery.

WorkCover claim forms are available from:

- your employer
- any Victorian Post Office
- WorkCover Advisory Service, toll free on 1800 136 089

If your injury is likely to require more than 10 days off work, \$480 worth of medical costs, or if your employer disputes liability, your employer must send your claim form and medical certificate to his/her WorkCover Agent within 10 days to avoid penalty. As a result of your employer providing notification within this time frame, he/she helps to ensure that your injury is managed in such a way that delivers the best outcome for your recovery. Therefore, you may wish to follow up with your employer to ensure that it has been submitted within this time frame.

**3. RETURNING TO WORK:** If you have suffered a workplace injury, there are steps that you can take to improve your recovery, lessen the effects of your workplace injury, and to provide a safe return to work.

**1. Stay in touch with your employer:** Maintaining contact with your employer enables him/her to plan for your return to the workplace.

**2. Focus on return to work strategies:** Through the use of a return to work plan, you are taking positive steps towards your longer term recovery. Medical evidence strongly supports the role of graduated return to work as part of the rehabilitation process. In most cases, early return to work is the most appropriate outcome - you and your employer should talk to your treating practitioner about the sort of duties and hours you could do whilst you are recovering from injury.

The patient declaration must be completed in full by the injured worker. Where the information is inadequate, the certificate will be returned

EXAMPLE ONLY