

Explanatory notes for medical practitioners

This information is provided to assist medical practitioners to complete the Final Certificate of Capacity.

WORK HELPS RECOVERY

Work, in general, is good for health and important for recovery. Waiting for full recovery before reintroducing work is likely to have a negative effect on health outcomes. WorkCover WA's certificates of capacity assist the medical practitioner to focus on what the worker can do to remain in or return to work (RTW).

EFFECTIVE COMMUNICATION

Certificates of capacity are vital for communication. Communication with all parties greatly assists the worker's recovery, return to work and their claim. To be effective, it is important certificates are completed thoroughly, clearly and legibly. If employers or insurers cannot read them the worker's recovery or return to work may be put at risk. Thoroughly completed certificates will likely minimise requests for further information.

EXPLANATORY NOTES

Medical Assessment

Date of this assessment

This is the date the medical practitioner examined the worker and made an assessment of their capacity for work and injury management needs.

Date of injury

This is the date the worker sustained the injury and should be consistent with the date stated on the First and Progress Certificates of Capacity.

Where the medical practitioner believes the worker's condition will not substantially change in the next 12 months, please tick the box.

Work capacity

Describing work capacity

Medical practitioners certify whether the worker has:

- full capacity for work including all pre-injury duties and hours with no modifications
- some capacity for work, or partial capacity, including selected pre-injury duties, other suitable duties, workplace modifications and/or modified hours.

Where the worker has full capacity but requires further medical treatment, please tick the box. Medical treatment should be minor and time limited (e.g. removal of stitches).

Where there is some capacity for work, the medical practitioner is required to describe what the worker can do at work, acknowledging there may be limits (or restrictions) on their capacity.

- **Physical** - 'Repetitive movement limited to 30 minutes', 'lift up to 5kgs, 5 times/hour and maximum 20 times/shift', 'eliminate stair climbing for 4 weeks.'
- **Psychosocial** - 'Has difficulty planning work - assist to breakdown work to simpler tasks', 'Has difficulty concentrating - requires extra time to complete work, consider temporary relocation to a quieter area.'

Where the worker's incapacity is no longer a result of the injury, please tick the box.

Reason for capacity

A clinical reason for the worker's ongoing capacity for work should be provided.

- 'The worker's injury has fully resolved.'
- 'The worker has successfully sustained full work capacity for 4 weeks.'
- 'The worker has sustained the current work capacity for the past 4 weeks without issue. The worker's prognosis and work capacity is unlikely to substantially change.'

Medical practitioner's details

This section must be completed and signed by the treating medical practitioner.

AHPRA number

The medical practitioner issuing the certificate is required to be registered to practice by the Australian Health Practitioner Regulation Agency (AHPRA) and the Medical Board of Australia. As such, the medical practitioner must provide their AHPRA registration number where indicated.

Date

The date stated here is the date the medical practitioner issued the certificate of capacity. It must not be back-dated. This date may differ from the 'Date of this assessment' (Medical Assessment), if the certificate was not issued at the time of the examination. However, it is expected that in most cases, these dates will be the same.

FINAL certificate of capacity

1. WORKER'S DETAILS

First name	<input type="text"/>	Last name	<input type="text"/>
Date of birth	<input type="text"/>	Claim no.	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		

2. EMPLOYER'S DETAILS

Employer's name	<input type="text"/>	Employer's phone	<input type="text"/>
Employer's address	<input type="text"/>		

3. MEDICAL ASSESSMENT

Date of this assessment	<input type="text"/>	Date of injury	<input type="text"/>
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The worker's condition is unlikely to change substantially in the next 12 months

4. WORK CAPACITY

Having considered the health benefits of work, I find this worker to have:

full capacity for work from but requires further treatment (*outline specifics below*)

capacity for work performing hours per day and days per week from

as outlined below: (*Please outline the worker's physical and/or psychosocial capacity for work, functional limits, ongoing need for workplace modifications, and/or further treatment needs*)

<input type="checkbox"/> lift up to <input type="text"/> kg	<input type="text"/>
<input type="checkbox"/> sit up to <input type="text"/> mins	
<input type="checkbox"/> stand up to <input type="text"/> mins	
<input type="checkbox"/> walk up to <input type="text"/> m	
<input type="checkbox"/> work below shoulder height	
<input type="checkbox"/> The worker's incapacity is no longer a result of the injury	

5. REASON FOR CAPACITY/INCAPACITY

Please outline your clinical reason for the worker's capacity/incapacity:

6. MEDICAL PRACTITIONER'S DETAILS

Name	<input type="text"/>	AHPRA no. MED	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Signature	<input type="text"/>
Fax	<input type="text"/>	Date	<input type="text"/>