Workers Compensation and Injury Management Act 2023

Permanent Impairment Assessment —   
Report and Certificate

## Worker

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Date of birth: |  |
| Phone number: |  |
| Email address: |  |

## Employer

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| ABN: |  |
| Contact person: |  |
| Phone number: |  |
| Email address: |  |

## Claim

|  |  |
| --- | --- |
| Insurer: |  |
| Insurer claim number: |  |
| Date claim made: |  |

## Injury

|  |  |
| --- | --- |
| Date of injury: |  |
| Description of injury: |  |

## Purpose of assessment

|  |  |
| --- | --- |
| Permanent impairment compensation: (\*See impairment rating and calculation for permanent impairment (PI) compensation) |  |
| Common law: |  |
| Special increase in the medical and health expenses general limit: |  |

## Maximum medical improvement & special assessment

|  |  |
| --- | --- |
| Has worker reached maximum medical improvement? | Yes  No |
| Is this a special assessment authorised by the WorkCover WA Permanent Impairment Guidelines? | Yes  No |

## Examination

|  |  |
| --- | --- |
| Date: |  |
| Location: |  |
| Reports and documents provided: (List of documents and information provided) | |
|  | |
| Narrative history (As provided by the worker on history of injury, occupational history, past medical history) | |
|  | |
| Physical examination: | |
|  | |
| Diagnostic studies: | |
|  | |
| Diagnosis and impairments: | |
|  | |
| The proportion of permanent impairment due to any previous injury that was not asymptomatic: | |
|  | |

## Impairment rating and calculation for permanent impairment compensation (Detail the relevant references used in assessing the percentage of permanent impairment consistent with the WorkCover WA Permanent Impairment Guidelines)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| Item # | | Chapter # | Table/Figure # | PI Rating (%) | Assessed degree of PI (%)\* | |
|  | |  |  |  |  | |
|  | |  |  |  |  | |
| \* WorkCover WA Permanent Impairment Guidelines conversion applied Calculation of the worker’s degree of permanent impairment (Show how degree of permanent impairment was calculated, detail any combination of body part or systems) | | | | |
|  | | | | |
| Statement as to the reasons for arriving at the calculation of the worker’s degree of permanent impairment | | | | |
|  | | | | |

Certificate of degree of permanent impairment

Having assessed the above worker in accordance with the *Workers Compensation and Injury Management Act 2023* and the *WorkCover WA Guidelines for the Evaluation of Permanent Impairment*, I certify:

## Permanent impairment compensation

The degree of permanent impairment detailed above for each item in the permanent impairment table is:

|  |  |  |
| --- | --- | --- |
| Item | Description | % permanent impairment of item |
|  |  |  |
|  |  |  |

Note: Only complete if purpose of assessment is for permanent impairment compensation. If there is more than one impairment to a body part or system specify the percentage permanent impairment for each item.

## Common law or special increase in medical and health expenses compensation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The degree of permanent whole of person impairment detailed above is: | | | | | | % |
| **Signed:** | |  | | Date: |  | |
| Approved permanent impairment assessor: | |  | | | | |
| WorkCover WA APIA registration number: | |  | | | | |
| Address: | |  | | | | |
| Phone number: | |  | | | | |
| Email address: | |  | | | | |