

This template can be used by the Workplace Rehabilitation Provider if a closure report is requested under standard 3.11 of the *Workplace Rehabilitation Provider Principles and Standards of Practice*.

### DETAILS

Worker name:

Insurer:  Claim number:

Employer:  Date of referral:

Reason for closure (refer to Regulation 39 of the *Workplace Compensation and Injury Management Regulations 2024*):

### WORK STATUS AT CLOSURE

Status:  Hours per week:

### MEDICAL STATUS

Current capacity:  Date of latest certificate:

Restrictions:

Total costs:

### SUMMARY

Please summarise any information relevant to this report:

### CONSULTANT DETAILS

Name:  Signature:

Date:  Phone:

Email: