Workers Compensation and Injury Management Act 2023

PERMANENT IMPAIRMENT ASSESSMENT — Assessment Request

## To

|  |  |
| --- | --- |
| Approved permanent impairment assessor: |   |
| Address: |   |
| Email: |   |

## 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: |   |

## Injury

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

## Purpose of assessment

|  |
| --- |
| Permanent impairment compensation: |[ ]
| Common law: |[ ]
| Special increase in medical and health expenses general limit: |[ ]

## Person requesting the assessment

|  |  |
| --- | --- |
| Name: |   |
| Company name: (If applicable) |   |
| Address: |   |
| Phone number: |   |
| Email address: |   |

## Request

Please make the necessary arrangements to assess the degree of permanent impairment for the above worker in accordance with the WorkCover WA *Guidelines for the Evaluation of Permanent Impairment*.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |   | Date: |   |

(Signed by the person making the request)