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 appliedCalculation 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: |   |