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Workers Compensation and Injury Management Act 2023

APPROVED FORM [s. 496]

Permanent Impairment Assessment – Report and Certificate

In accordance with section 496 of the Workers Compensation and Injury Management Act 2023 the approved form for a report of the results of an assessment of a worker's degree of permanent impairment for the purposes of section 192(1) and the supporting assessment for the purposes of section 421(1)(a) and (10) of the Act is Permanent **Impairment Assessment – Report and Certificate** in Appendix 1.

Permanent Impairment Assessment - Report and Certificate in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form APIA1 – v1 [D2024/36855].

CHRIS WHITE

C. Wit

CHIEF EXECUTIVE OFFICER

27 March 2024

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:	

APPENDIX 1

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 pasymptomatic:	previous injury that was not			

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 comp	lete if purpose of assessment is for permanent impairment compens	sation. If there is more than one impairmer

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 who	ole of person impairment detailed above is:	%	
Signed:	Date:		
Approved permanent impairment assessor:			
WorkCover WA APIA registration number:			
Address:			
Phone number:			
Email address:			