A GUIDE TO USING THE

CERTIFICATE OF CAPACITY

PART A

Australian Government

Certificate of capacity for work

Part A – Provides a medical assessment of your work capacity

First name ___________________ Last name ___________________ Date of birth __/__/__
Current occupation ______________________________________________ Date assessed __/__/__
Clinical symptoms/diagnosis

<table>
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<tr>
<th>Comments on physical capacity</th>
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<th>Comments on mental capacity</th>
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Comments on other issues impacting recovery or return to work:

I recommend that:

☐ you are fit for work from __/__/__ to __/__/__
☐ you are fit for work from __/__/__ to __/__/__ with the following
☐ graduated return to work Provide details
☐ modified duties Provide details
☐ reduced hours Provide details
☐ workplace adjustments Provide details
☐ return to work plan (attached)
☐ you are not fit for work from __/__/__ to __/__/__

Reason unfit for work:

I recommend the following medical management and/or work rehabilitation:

<table>
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<th>Treatment, medications, investigation or referral</th>
<th>Purpose</th>
<th>Frequency</th>
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Next review date __/__/__
Clinical reasoning (if >28 days): ____________________________________________________________

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Patient's name

Your diagnosis should identify the nature of injury or disease and a bodily location.
Provide clinical symptoms and diagnosis.

It is important to include all conditions that affect the person's ability to do their work, where consent to do so is granted.

In most cases it is in the best interests of your patients to talk about factors that are impacting their capacity to work and what supports can be put in place in the workplace to assist them.

For the clinical symptoms/diagnosis provided, outline a clear plan for recovery, including current, proposed treatment and investigations required. This should include support services and strategies to maximise recovery, increase capacity for work, address any return to work barriers and prevent recurrence of injury.

If you have identified that your patient is totally unfit for any form of work, provide clinical reasoning and what actions will assist in determining next steps for recovery.

If a return to work plan has been developed for your patient by the employer or workplace rehabilitation provider, and you support the plan, then you can select this option rather than specify modifications.

Assess what your patient can do.
Your assessment of your patient's capacity for work is about their capacity for work in general and is not job-specific.

If capacity is affected, give advice about the functional effects of your patient's health condition. Outline in general terms what your patient can do with modifications, or cannot do.

Consider both physical and mental health functions.

Information provided in this section assists employers and case managers to provide suitable work.

If your patient is unfit to return to work, give advice about the functional effects or issues impacting their return to work.

To facilitate return to work, it is preferable that this period is not > 6 weeks.

Include expectations of recovery and return to work in this section. It is important to discuss with your patient when you expect they should be able to return to work in some capacity.
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PART B

Australian Government

Part B - Provides additional information for your insurer, if the certificate relates to a claim for compensation

Claim number ____________________ First seen in relation to this condition at this practice on ___/___/___
Date injury was sustained/disease was contracted ___/___/___
Based on the information available to me, this was caused by __________________________

The injury/disease is
☐ an aggravation of a pre-existing condition
☐ a new injury/disease
☐ a continuing injury/disease

Factors which may be relevant to the condition or recovery (if any) are

List work environment, social or personal circumstances that are relevant to the recovery and RTW, as well as other medical conditions.

☐ To assist recovery and return to work I request a return to work case conference with the employer and the employee.

This certificate is
☐ an initial certificate
☐ a continuing certificate
☐ a final certificate

☐ I have discussed the information contained in this form with the named patient and they agree to the form being provided to their employer and/or insurer.

Part C - Medical practitioner’s details

Please affix practice stamp here or provide contact details and provider number.

Medical practitioner’s signature: __________________________________________________________
Date ___/___/___

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Ensure that your patient understands the information provided in the form and consents to providing it to their employer/insurer.

Where consent to do so is granted, list any work, environmental, social or personal circumstances that are related to or impact, recovery and return to work, as well as other medical conditions.

Return to work case conferencing is a meeting between your patient and a supporting individual, rehabilitation providers, GPs and the employer. It provides the opportunity for all stakeholders to communicate requirements for recovery at work, discuss needs for supports such as flexibility, workplace adjustments and agree on an approach that focuses on supporting participation in work.

Return to work case conferences are a useful tool to facilitate communication with all stakeholders involved in the recovery and return to work process. By marking this box you are indicating to the employer that you would like a case conference arranged for your patient or that you would like to be involved in a case conference to discuss recovery and return to work.

Patient’s name