

# A GUIDE TO USING THE CERTIFICATE OF CAPACITY

## PART A


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.



**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 \_\_\_\_\_

<b>Comments on physical capacity</b>
<b>Comments on mental capacity</b>
<b>Comments on other issues impacting recovery or return to work</b>

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**:

Treatment, medications, investigation or referral	Purpose	Frequency

Next review date \_\_\_\_/\_\_\_\_/\_\_\_\_

Clinical reasoning (if >28 days): \_\_\_\_\_

Comcare 1/2016 Patient's name \_\_\_\_\_

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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.

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.

Assess what your patient can do.

Your assessment of your patient's capacity to 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.

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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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Patient's name

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.

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

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.