

Certificate of capacity



Australian Government

Comcare

Participating in good, safe work and other activities is an important part of recovery.

This document is Comcare's preferred medical certificate to accompany an employee's claim for compensation under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act).

Required fields are marked *

1. Patient details

First name*	<input type="text"/>	Last name*	<input type="text"/>
Address*	<input type="text"/>		
Suburb*	<input type="text"/>	State*	<input type="text"/>
	<small>(must be a residential address, not PO Box)</small>	Postcode*	<input type="text"/>
Date of birth*	<input type="text"/> / <input type="text"/> / <input type="text"/>	Mobile	<input type="text"/>
Claim number (if known)	<input type="text"/>		
Occupational/job title	<input type="text"/>		
Employer name/s (if applicable)	<input type="text"/>		

2. Diagnosis

Is this a new injury or illness?* Yes No Date injury or illness occurred or developed* / /

What is the diagnosis or diagnoses of the injury or illness?*
(Non-specific diagnoses of pain, injury or anxiety are not valid. A provisional diagnosis is acceptable and can be updated in future certificates as more information becomes available through investigation or treatment.)

Examination date* / /

How is the injury or illness related to work?

Detail any pre-existing factors that may be relevant to this injury or illness

Pre-existing factors can include work, environmental, social or personal circumstances related to or impacting recovery and return to work

3. Management plan

Treatment and services

Include: injury management and strategies to increase capacity for work, strategies to address any work barriers, strategies to address any work design risks and workplace rehabilitation support (this could include non-vocational or vocational assistance)

Referral I have referred or recommend my patient attend the following treatment or supportive service:

Medical (specialty and frequency)

Allied health (specialty and frequency)

Medications (name and dose)

Workplace rehabilitation provider (WRP)

Other (type e.g. imaging, medical)

4. Capacity assessment *Select applicable and provide relevant detail*

Physical function	Can	With modifications	Cannot	Physical function comments <i>e.g. weight restrictions for lifting, driving duration</i>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stand/walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairs/climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neck movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reach above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use injured arm/hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (<i>provide details</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Psychological function	Can	With modifications	Cannot	Psychological function comments
Attend/concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Memory (<i>short and long term</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Judgement (<i>ability to make decisions</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tolerate workplace frustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Certification

Taking account of the capacity assessment in section 4 where relevant, my patient (*choose one of the following 3 options*):

1. Is fit for pre-injury work from This is a final certificate

2. Has capacity for suitable/alternative duties from to

Capacity for work days or hours per week

Outline any modifications required, other factors affecting recovery or any additional comments to support your patient's capacity for work e.g. gradual return to work requirements, suitable duties or reasonable adjustments needed to facilitate recovery at and return to work. If a return to work plan has been developed for your patient by the employer or WRP, and you support the plan, please advise and have this accompany the completed certificate, rather than specifying modifications.

3. Has no capacity for any work from to

Estimated return to work date

Review date

I have discussed the types of activities and functions the patient may or may not be able to perform in the workplace with*

patient employer insurer WRP

I request a return to work case conference with: employee employer WRP (if applicable) insurer (if applicable)

6. Medical practitioner declaration

I certify that I have examined the patient. The information and clinical opinions I have provided in this certificate are, to the best of my knowledge, true and correct.

Medical practitioner details* (*or practice stamp*)

Medical practitioner signature*

Provider number* Date of issue*

Comcare will handle your personal and health information in accordance with their privacy policies and legislation. You can access privacy policy information at the relevant website at: <https://www.comcare.gov.au/site-information/privacy>

A guide to using the certificate of capacity

The certificate of capacity must be completed by a legally qualified medical practitioner (LQMP). A LQMP can be a general practitioner or a specialist, such as a surgeon, psychiatrist or a dentist.

The certificate provides information about a worker's capacity for work. It aims to improve information exchange and work capacity and encourage a positive focus on what an injured employee can do.

2. Diagnosis

A diagnosis must be included on the certificate. For psychological illnesses, Comcare requests that DSM-5-TR or ICD-10 criteria are used in formulating a diagnosis for commonality of language and consistency with presumptive legislation.

Include all medical conditions that affect the person's ability to do their work, whether compensable or non-compensable.

The *'date injury/illness occurred or developed on'* is the date that the patient says their injury or illness commenced/occurred. A specific date of injury is required.

PTSD and Presumptive Provisions

If your patient is a first responder diagnosed with PTSD, they may be eligible for the **PTSD presumption**. This means that we presume that the person's work has led to their diagnosis, streamlining the worker's compensation claim process. You must include on the certificate:

- > the diagnosis of PTSD
- > the date on which the PTSD was suffered or aggravated
- > the cause or causes of the PTSD
- > a statement that the PTSD diagnosis (whether made by you or by a psychologist) was reached in accordance with the DSM-5-TR diagnostic criteria.

For more information see [Supporting first responders with PTSD to make a claim for workers compensation under the Comcare scheme](#).

3. Management plan

Outline a clear plan for recovery including current and proposed treatments and any investigations required. A management plan will help your patient understand what's required to support their recovery and return to work, and assist employers, claims managers and other treating health providers plan and manage treatment and other support services.

4. Capacity assessment

The capacity assessment is about your patient's capacity for work in general and is not necessarily job specific. This information is central to planning a safe and sustainable return to work pathway and will help reduce the need for further requests for information about work capacity.

5. Certification

The health benefits of work should always be front of mind. Do not certify your patient as totally unfit for work if they have capacity for modified or alternative work duties.

If your patient is totally unfit for any form of work, provide clinical reasoning, expected timeframes for recovery, and actions to assist their next steps for recovery.

Suitable duties refer to work that meets a patient's capacities, skills, qualifications, experience, and work location, and considers medical limitations. Suitable duties could include duties other than the work your patient was performing before their injury/illness.

Return to work case conferencing is a meeting between you, your patient, their employer, and workplace rehabilitation provider and/or claims manager (if applicable). It allows all stakeholders to discuss how to best support your patient's participation in work and any workplace adjustments required during recovery.

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.

6. Medical Practitioner Declaration

Date of issue: the completion date must be the day on which the certificate was written. Certificates cannot be legally backdated.