

# What does a valid Certificate of Capacity look like?

Highlighted sections need to be completed for the certificate to be valid.

## CERTIFICATE OF CAPACITY

<input type="checkbox"/>	<b>Medical Certificate</b> – up to 14 days unless special reasons apply (under-section 105 of the Act)	<input checked="" type="checkbox"/>	<b>Continuing certificate of capacity</b> – up to 28 days unless special reasons apply (under section 111 of the Act)	<input type="checkbox"/>	<b>Attendance certificate only</b> (this cannot be used to claim weekly benefits)	
<b>Patient's full name</b>	Jack Brown	<p>If this is your first certificate of capacity, it can be issued for a period of up to 14 days and can only be provided by a medical practitioner.</p> <p>Any certificates after this can be issued for a period of up to 28 days, and can be issued by a medical practitioner, physiotherapist, chiropractor or osteopath.</p>		<b>Date of Birth</b>	1 January 1979	
<b>Patient's Address</b>	1 Jack Street Brownberg VIC 3999			<b>Description of injury/disease</b>	Lumbar back pain L4-5 disc impingement	<p>A description of your injury/disease and the diagnosis is required to assist us in managing your claim.</p>
<b>Diagnosis</b>		<b>Other details such as any aggravation or recurrence of a previous injury or a degenerative component</b>	Mr. Brown experienced similar pain two years ago at work.			
<b>Injury/disease is consistent with patient's description of cause:</b>	Yes	<b>Patient's type of work</b>	Hotel house keeping			
<b>Treatment/medication</b>	Anti-inflammatories, Panadeine Forte Physiotherapy					
<b>Referral to another health care provider (give details of provider and service requested, duration and frequency when relevant)</b>	Mr. Smith Orthopaedic Surgeon					
<b>CAPACITY FOR WORK</b>						
<i>Discussion with the employer may assist you to find out whether suitable employment is available for your patient, given his/her injury/disease.</i>						
<b>Expected to be fit for normal duties</b>	<b>from</b>		<b>Work restrictions</b>			
<b>Fit for modified duties (specify restrictions at right)</b>	<b>from</b>	1/7/08	Can vacuum, mop, and replace towels, linen and soap. Is not to clean bath or windows. Can lift up to 5kgs, but is not to do any repetitive bending or lifting. Needs to alternate standing and sitting. Requires a 5 minute break every hour.			
<b>Fit for alternative duties (specify restrictions at right)</b>	<b>to</b>	28/7/08				
<b>Unfit for any duties</b>	<b>from</b>					
<b>Comments</b>	<b>to</b>		<b>Next Review Date:</b>	29/7/08		
<p>If your medical practitioner considers you are unfit for work, or require modified or alternative duties because of your injury/disease, the date the period starts and the date the period ends must be specified.</p>						
<p>I certify that I have clinically examined this patient. The information and medical opinions contained in this certificate are, to the best of my knowledge, true and correct.</p>						
<b>MEDICAL PRACTITIONER IDENTIFICATION</b>						
<b>Name, address and phone number (practice stamp if available)</b>	Dr. Jones Jones Medical Clinic, 12 Jones St Doctorsville 3998		<b>Signature of medical practitioner</b>	<p>A medical practitioner, physiotherapist, chiropractor or osteopath must be registered with WorkSafe Victoria in order to provide a valid certificate. They will need to include their provider number in this section.</p>		
<b>Specialty</b>	General Practitioner		<b>Provider no or hospital name</b>			222222Y
	<p>Your certificate needs to include the date you were examined, and the date the certificate was issued.</p>		<b>Date of examination*</b>	1/7/08	<b>Date of issue</b>	1/7/08

Please turn over

# CERTIFICATE OF CAPACITY

## EMPLOYER DETAILS

Employer's name and address

International Hotel  
21 The Boulevard  
Point Holiday 3997

Telephone number

(03) 9999 9999

## PATIENT DECLARATION (to be completed only for continuing certificate of capacity, not for the first medical certificate nor an attendance certificate)

Please tick box as appropriate

I have  ]

I have not  ]

been engaged in any form of paid employment self employment or voluntary work since the last continuing certificate of capacity was issued and declare that the details I have given on this certificate are true and correct, knowing that false declarations are punishable by law.

\* If you have been engaged in any type of employment please attach details when you forward this certificate to your employer.

Have you worked, or will you work for the period covered by the certificate? Tick 'have' or 'have not' as appropriate.

Signature of patient

*Jack Brown*

Date

1/7/08

Name of witness (please print)

Jill Turner

For your certificate to be valid you need to sign, and have a witness sign this section. The witness can be anybody, including family members, your doctor or your employer.

Signature of witness

*Jill Turner*

Date

1/7/08

## IMPORTANT NOTICE FOR WORKERS

**1. ROLE OF CERTIFICATE OF CAPACITY:** This certificate is one of two things you need to make a Claim for compensation for your injury, the other is the claim form - see below. The certificate supplies the information needed to confirm the time that you have had off work as a result of your injury. It is important that you sign this certificate if you have already submitted a claim.

Weekly benefits will only continue to be paid if this section has been completed, and your signature witnessed.

**2. LODGING A CLAIM:** If you suffer a work related injury leading to time off work or medical treatment, you may wish to make a claim for WorkCover compensation. You should give the claim form (and this Certificate of Capacity if you require time off work) to your employer as soon as possible. This will allow processing of your claim and potentially enable the allocation of appropriate rehabilitation specialist services. This gives you the best chance of a quick and complete recovery.

WorkCover claim forms are available from:

- your employer
- any Victorian Post Office
- WorkCover Advisory Service, toll free on 1800 136 089

If your injury is likely to require more than 10 days off work and an annually indexed amount of reasonable medical costs, or if your employer disputes liability, your employer must send your claim form and medical certificate to his/her WorkCover Agent within 10 days to avoid penalty. As a result of your employer providing notification within this time frame, he/she helps to ensure that your injury is managed in such a way that delivers the best outcome for your recovery. Therefore, you may wish to follow up with your employer to ensure that it has been submitted within this time frame.

**3. RETURNING TO WORK:** If you have suffered a workplace injury, there are steps that you can take to improve your recovery, lessen the effects of your workplace injury, and to provide a safe return to work.

**1. Stay in touch with your employer:** Maintaining contact with your employer enables him/her to plan for your return to the workplace.

**2. Focus on return to work strategies:** Through the use of a return to work plan, you are taking positive steps towards your longer term recovery. Medical evidence strongly supports the role of graduated return to work as part of the rehabilitation process. In most cases, early return to work is the most appropriate outcome – you and your employer should talk to your treating practitioner about the sort of duties and hours you could do whilst you are recovering from injury.