NSW GOVERNMENT | WorkCover

WorkCover NSW - certificate of capacity

Please ensure all sections are completed. Tick if this is the initial certificate for this claim ☑

PART A - MAY BE COMPLETED BY PATIENT

Patient's first name	Last name
Marian	van der Weegen
Date of birth (DD/MM/YYYY)	Telephone number
05/12/1959	

Patient's address

40/73-85 Windsor Road
Northmead 2152

Claim number

Medicare number

2462458635

Shaded areas to be completed for initial certificate only

Patient's occupation/job title

Car salesperson

Employer's name and contact details

I consent to my treating medical practitioner, my employer, the insurer, other treating practitioners, workplace rehabilitation providers and WorkCover exchanging information for the purposes of management my injury and workers compensation claim. I understand that this information will be used by WorkCover and insurers to fulfil their functions under the workers compensation legislation.

Signature of patient	Date (DD/MM/YYYY)

PART B - TO BE COMPLETED BY NOMINATED TREATING DOCTOR OR TREATING SPECIALIST MEDICAL PRACTITIONER

MEDICAL CERTIFICATION

Diagnosis of work related injury/disease

Crush injury to right 2nd and 3rd fingers

Patient stated date of injury	20/03/2019

Shaded areas to be completed for initial certificate only

Patient was first seen at this practice/hospital for this injury/disease on	20/03/2019
Injury/disease is consistent with patient's description of cause	Yes

How is the injury/disease related to work?

Car door closed on fingers at work this morning.

Detail any pre-existing factors which may be relevant to this condition

Nil

WORK SAFE HOME SAFE

Claimant name: Mrs Marian van der Weegen | Claim number:

MANAGEMENT PLAN FOR THIS PERIOD

Treatment/medication type and duration (Duration: short term = < 6 weeks, medium term = 6-12 weeks, long term = > 12 weeks)

X-ray normal, no fracture.

Referral to another health care provider (provide details of provider and service requested, duration and frequency when relevant)

I-Med Radiology Castle Hill

CAPACITY FOR EMPLOYMENT (Please consider the health befits of work when completing this section)

Do you require a copy of the position description/work duties?	No
Patient:	
☑ is fit for pre-injury duties	
☐ has capacity for some type of employment from	to
for ____ hours/days ____ days/weeks	
☐ has no current work capacity for any employment from	to
If no current work capacity, estimated time to return to any type of employment	
Factors delaying recovery	
Do you recommend referral to workplace rehabilitation provider?	

Capacity - If the patient is fit for pre-injury duties this section does not need to be completed. For all other patients please consider activities of daily living currently being performed.

Lifting/carrying capacity	
Sitting tolerance	
Standing tolerance	
Pushing/pulling ability	
Bending/twisting/squatting ability	
Driving ability	

Other (please specify) eg psychological considerations, keep wound clean and dry

Next review date: 27/03/2019 (if greater than 28 days, please provide clinical reasoning)

Comments

Analgesia, ice and elevation

TREATING MEDICAL PRACTITIONER DETAILS

☑ Please tick if you agree to be the nominated treating doctor for the ongoing management of this worker's injury and return to work.

I certify that I am the nominated Treating doctor and I have examined this patient/ The information and medical opinions contained in this certificate of capacity are, to the best knowledge, true and correct.

Signature	Date (DD/MM/YYYY)
	20th March 2019

Name (practice stamp if available)

Dr Ron Tomlins

Address

Shop 207- 217,Level 1, Castle Mall Shopping Centre
279 Old Northern Road
Castle Hill NSW 2154

Telephone number	Fax number
96345000	80614308
Provider number	
033504CT	

PART C - TO BE COMPLETED BY THE WORKER PRIOR TO SENDING TO THE EMPLOYER OR INSURER (this does not involve the nominated treating doctor/treating specialist)

WORK DECLARATION

Worker's first name	Last name
Marian	van der Weegen

Date of birth (DD/MM/YYYY)
05/12/1959

Worker's address
40/73-85 Windsor Road
Northmead 2152

Claim number

I ☐ have ☐ have not (tick appropriate box)
engaged in any form of paid employment, self employment or voluntary work for which I have received or am entitled to receive payment in money or otherwise since the last certificate was provided, that I have not yet declared to the insurer.
If you have been engaged in any form of paid employment or voluntary work, please provide details below (or attach when you forward this certificate to your employer or insurer).

I declare that the details I have given on this declaration are true and correct, knowing that false declarations are punishable by law.

Signature of worker	Date (DD/MM/YYYY)

Catalogue No. WC01300 WorkCover Publications Hotline 1300 799 003
WorkCover NSW, 92-100 Donnison Street, Gosford, NSW 2250
Locked Bag 2906, Lisarow, NSW 2252 | WorkCover Assistance Service 13 10 50
Website workcover.nsw.gov.au
ISBN 978 1 74341 191 9 ©Copyright WorkCover NSW 1212