

Certificate of capacity / certificate of fitness



State Insurance
Regulatory Authority

For use with workers compensation and Compulsory Third Party (CTP) motor accident injury claims.

For CTP claims: 'Certificate of fitness' means 'certificate of fitness for work'. This certificate should be completed whether the person was employed at the time of the accident or not.

Tick if this is the initial certificate for this claim

Section 1: To be completed by the injured person or treating medical practitioner

First name: Antonio		Last name: Sedillo	
Date of birth: 13/11/1960		Telephone number: 0422 233 092	
Residential address (not PO Box): 48 Hillcrest Rd 2763 NSW		Suburb: Quakers Hill	
State: NSW	Postcode: 2763	Claim No: EML 2696946	Medicare No: 2442830258 1 12/2021
Occupation/job title: Motor mechanic		Employer's name and contact details (if applicable): 9622 0400 Cumberland Ford, Blacktown; Sam Sultana-contact person	

Injured person's consent

I consent to my treating medical practitioner, my employer (optional for CTP claims), the insurer, other medical practitioners or health related practitioners (whether consulting, treating or examining), workplace rehabilitation providers and SIRA exchanging information for the purpose of managing my injury and workers compensation/motor accident injury claim.

I understand this information will be used by SIRA and insurers to fulfil their functions under the motor accident insurance and workers compensation legislation.

Signature:	Date:
	14.04.2020

Section 2: To be completed by treating medical practitioner

Medical certification

Diagnosis of work related injury/disease or motor accident related injury(ies):
chronic left rotator cuff tendinosis: supraspinatus and subscapularis; bursitis and lateral epicondylitis

Person's stated date of injury/accident:	Date: 09/10/2017
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Shaded areas to be completed for initial certificate only

Person was first seen at this practice/hospital for this injury on:	Date: 25/10/2017
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Injury is consistent with person's description of cause:	Yes
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How is the injury related to work or the motor vehicle accident?

was lifting 25kg toebar with someone else and felt immediate pain in left shoulder radiating to left elbow


Detail any pre-existing factors which may be relevant to this condition or injury(ies):

Nil

First name:	Last name:	Claim Number:
Antonio	Sedillo	left shoulder injury

Management plan for this period.

Treatment and duration:	Medication type and duration:
more than 3 months	celebrex

Referral to another health service or rehabilitation provider (include details of provider type and service requested, duration and frequency when relevant): <u>Dr Khan -Occ Health Physician; Shoulder Specialist-Dr Viswanathan</u>			
Nathan House-Physio; 8 Patrick St, Blacktown			
<i>Capacity for activities</i> - If the person has capacity for pre-injury work this section does not need to be completed. For all others please consider activities of daily living currently being performed.			
Lifting/carrying capacity:		Sitting tolerance:	
5kg rt hand; no use of left arm		as tolerated	
Standing tolerance:		Pushing/pulling ability:	
as tolerated		avoid using left arm	
Bending/twisting/squatting ability:		Driving ability:	
avoid		as tolerated	
Other (please specify) eg psychological considerations, keep wound clean and dry: office type duties only			
including supervision of apprentices			
Next review date (if greater than 28 days, please provide clinical reasoning):		21.04.2020	
Comments:			
He reported the original injury to his boss last year in October; he has daily pain since the injury			
<i>Capacity for work (please consider the health benefits of good work when completing this section).</i>			
Where the word 'capacity' appears it should be read as 'fitness for work' when the certificate is completed in a motor accident injury claim.			
Do you require a copy of the position description/work duties?			Yes
<input type="checkbox"/>	is fit for pre-injury work		
OR			
<input checked="" type="checkbox"/>	has capacity for some type of work from 14.04.2020 to 21.04.2020 for full hours/day full days/week		
OR			
<input type="checkbox"/>	Has no current capacity for any work from		to
If no current capacity for work, estimated time to return to any type of employment:			
Factors affecting recovery:			
chronic injury more than 6 months; tendinopathy of supraspinatus and subscapularis; bursitis; labral tear			
First name:		Last name:	
Antonio		Sedillo	
Claim number:		Injury 2	
Treating medical practitioner details			
I certify that I am the treating medical practitioner and I have examined this person, The information and medical opinions contained in this certificate are, to the best of my knowledge, true and correct.			
Signature:		Date:	
		14.04.2020	
Name:			
Dr. Danny TANG			

Address:			
8 Patrick Street			
Suburb:		State:	Postcode:
Blacktown		NSW	2148
Telephone number:		Provider number:	
88148813		026731GW	
<input checked="" type="checkbox"/>		I agree to be the nominated treating doctor for the ongoing management of this person's injury, treatment and recovery at/return to work (select if you consent)	
Section 3: Employment declaration (not to be completed by the treating medical practitioner)			
This section is to be completed by the person prior to sending to the insurer (or employer)			
First name: Antonio		Last name: Sedillo	
<input type="checkbox"/>	I have	<input type="checkbox"/> XXXX	I have not (select 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 so, please provide details below.			
I declare that the details I have given on this declaration are true and correct, knowing that false declarations are punishable by law.			
Signature:		14.04.2020	
<p>Catalogue No. SIRA08719 State Insurance Regulatory Authority, 92-100 Donnison Street, Gosford, NSW 2250 Locked Bag 2906, Lisarow, NSW 2252 Customer Experience 13 10 50 Website www.sira.nsw.gov.au © Copyright State Insurance Regulatory Authority 1117</p>			
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