

Certificate of capacity / certificate of fitness: NECK injury 3



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: THIRD CLAIM DOI = 18/03/2019	Medicare No: 2442830258 1 12/2021
Occupation/job title: Motor mechanic		Employer's name and contact details (if applicable): Ford Cumberland	

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:

Section 2: To be completed by treating medical practitioner

Medical certification

Diagnosis of work related injury/disease or motor accident related injury(ies):
Neck strain with headache

Person's stated date of injury/accident:	Date: 18/03/2019
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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: 21/03/2019
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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 working under car boot fixing the central locking of a boot door and he had his neck in an awkward position to get inside boot for more than 1/2 hour. He felt acute neck pain, then dizziness and then he vomited. Pain has persisted to today


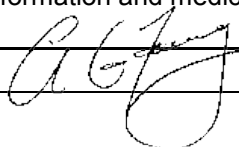
Detail any pre-existing factors which may be relevant to this condition or injury(ies):

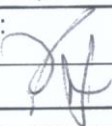

Got sore neck 2 year ago for 5 days which got better by itself

First name:	Last name:	Claim Number:
Antonio	Sedillo	DOI 18/03/2019

Management plan for this period_

Treatment and duration:	Medication type and duration:
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Rest, Ice, Mass	voltaren for weeks		
Referral to another health service or rehabilitation provider (include details of provider type and service requested, duration and frequency when relevant);			
Capacity for activities - 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		unlimited	
Standing tolerance:		Pushing/pulling ability:	
as tolerated		as tolerated	
Bending/twisting/squatting ability:		Driving ability:	
avoid twisting or bending neck		as tolerated	
Other (please specify) eg psychological considerations, keep wound clean and dry:			
should avoid any positions that strain his neck			
Next review date (if greater than 28 days, please provide clinical reasoning):		Date: 01/04/2019	
Comments:			
He is improving			
Capacity for work (please consider the health benefits of good work when completing this section).			
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?			
<input type="checkbox"/>	is fit for pre-injury work		
OR			
<input checked="" type="checkbox"/>	has capacity for some type of work from 26/03/2019 to 01/04/2019 for hours/day 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:			
5 days			
Factors affecting recovery:			
First name:	Last name:	Claim number:	
Antonio	Sedillo		
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: 21/03/2019 25/03/2019	
			
Name:			
Dr Andrew Foong			
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	xxxxxx	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: 		Date: 21/03/2019 25/03/2019	
<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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