

# Certificate of capacity / certificate of fitness INJURY 2 left shoulder



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:
	Tuesday, September 11, 2018

## 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


### Shaded areas to be completed for initial certificate only

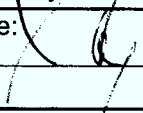

Person was first seen at this practice/hospital for this injury on:	Date: 25/10/2017
Injury is consistent with person's description of cause:	Yes
How is the injury related to work or the motor vehicle accident? was lifting 25kg toebar with someone else and felt immediate pain in left shoulder radiating 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:
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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			
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.			
<b>Lifting/carrying capacity:</b>		<b>Sitting tolerance:</b>	
5kg rt hand; no use of left arm		as tolerated	
<b>Standing tolerance:</b>		<b>Pushing/pulling ability:</b>	
as tolerated		avoid using left arm	
<b>Bending/twisting/squatting ability:</b>		<b>Driving ability:</b>	
avoid		as tolerated	
<b>Other (please specify) eg psychological considerations, keep wound clean and dry: office type duties only</b>			
including supervision of apprentices			
Next review date (if greater than 28 days, please provide clinical reasoning):		Date: 20/04/2020	
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		
<b>OR</b>			
<input checked="" type="checkbox"/>	has capacity for some type of work <b>from</b> 20.03.2020 <b>to</b> 20.04.2020 <b>for</b> full hours/day full days/week		
<b>OR</b>			
<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:	Claim number:
Antonio		Sedillo	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:	
		Friday, March 20, 2020	
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)	
<b>Section 3: Employment declaration</b> (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	<input type="checkbox"/> 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: 		Friday, March 20, 2020	
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 <a href="http://www.sira.nsw.gov.au">www.sira.nsw.gov.au</a> © Copyright State Insurance Regulatory Authority 1117			
		 State Insurance Regulatory Authority	



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Phone: (02) 8814 8813 Fax: (02) 8079 1176

20/03/2020

Dr Sameer Viswanathan  
Patrick St Medical Centre  
8 Patrick St  
Blacktown. 2148  
Phone: 88148813  
Fax:

**Re: Mr Antonio Sedillo DOB: 13/11/1960**  
**Medicare: 2442830258 1 12/2021**  
**Contact Number: Mob: 0422 233 092 Home: 9671 6790**  
**95 Brinsley Ave**  
**Schofields NSW 2763**

Dear Dr Sameer Viswanathan,

Thank you for seeing Antonio Sedillo for an opinion and management of chronic left shoulder pain since 2017 with his MRI showing tendinopathy of the supraspinatus and subscapularis without cuff tear and distension of the subacromial/subdeltoid bursa.

His current medications are:

Bricanyl Turbuhaler 500mcg/dose	2 Inhalations puffs orally qid
Celebrex 100mg Capsule	1 Capsule Twice a day
Influenza Vaccine Quadrivalent 0.5mL Injection	1 Injection Stat
Nasonex 50mcg/Actuation Nasal Spray	spray Twice a day
Prednisolone 25mg Tablet	1 Tablet Twice a day for 3 days
Pulmicort 400mcg Turbuhaler	2 Inhalations Twice a day prn
Somac 20mg Tablet	1 Tablet Daily
Ventolin Nebules 5mg/2.5mL Solution	1 Dose Four times a day
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Allergies: Nil known.

Past Medical History:  
Not recorded.

**Occupation:** Motor mechanic

**Marital status:** Married

**Alcohol:**

Non drinker

Previously moderate

**Smoking:**

Smokes 10 cigarettes/day.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'A Foong', enclosed within a light blue rectangular box.

Dr Andrew Foong

MBBS, B.Med.Sci. [patrickmedical.com.au](http://patrickmedical.com.au)

026731GW



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20/03/2020

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Patrick Street Medical Centre  
8 Patrick Street  
Blacktown. 2148  
Phone: 8814 8813  
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**Medicare: 2442830258 1 12/2021**  
**Contact Number: Mob: 0422 233 092 Home: 9671 6790**  
**95 Brinsley Ave**  
**Schofields NSW 2763**

Dear Mr Nathan House,

Thank you for seeing Antonio Sedillo for an opinion and management of left rotator cuff injury.

His current medications are:

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Celebrex 100mg Capsule	1 Capsule Twice a day
Influenza Vaccine Quadrivalent 0.5mL Injection	1 Injection Stat
Nasonex 50mcg/Actuation Nasal Spray	spray Twice a day
Prednisolone 25mg Tablet	1 Tablet Twice a day for 3 days
Pulmicort 400mcg Turbuhaler	2 Inhalations Twice a day prn
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