

WorkCover NSW – certificate of capacity

Claimant name

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)

Physiotherapy (Long term)

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

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

Do you require a copy of the position description/work duties? ☐ Yes ☒ No

Patient:

☐ is fit for pre-injury duties

☒ has capacity for some type of employment from 18/02/2019 to 18/03/2019

for ☐ hours/day ☐ days/week

☐ 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? ☒ Yes ☐ No

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

Nil

Sitting tolerance

Unrestricted

Standing tolerance

Unrestricted

Pushing/pulling ability

Nil

Bending/twisting/squatting ability

Unrestricted

Driving ability

As tolerated

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

Next review date 18/03/2019 (if greater than 28 days, please provide clinical reasoning)

Comments

Due for removal of wire 18.3.19

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 or ☒ treating specialist or ☐ other* and I have examined this patient

The information and medical opinions contained in this certificate are, to the best of my knowledge, true and correct

Signature

Date (DD/MM/YYYY)

Con Vasil

11/02/2019

*If 'other', please specify

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EASTWOOD NSW 2122
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PH: 9420 1444 FAX: 9420 1999

Telephone number

Fax number

Provider number