

CERTIFICATE OF CAPACITY



TRANSPORT
ACCIDENT
COMMISSION



- A valid Certificate of Capacity must be provided if you are claiming compensation for loss of income because of a transport accident or work-related injury or illness.
- The certifier will use this Certificate of Capacity to communicate with your employer and your case manager about your work capacity (refer to the TAC or WorkSafe Victoria website for who can certify). Note: The first medical certificate for a work-related injury/condition WorkSafe claim must be issued by a medical practitioner.
- Certifiers – Please type or use block letters and ensure that all relevant sections are complete. Incomplete forms may be returned.

This certificate has been issued in relation to a:

Transport accident related injury (TAC Claim)

Work related injury/condition (WorkSafe claim)

This certificate has been issued to confirm attendance only Complete sections 1,2,5 & 6 only

1. Worker Details -

Worker First Name

Andres F

Claim Number (if known)

Worker Last Name

Gutierrez Nieto

Date of Injury (if Claim number not known)

Date of Birth

07/07/1996

Worker Address

25b Sunscrent Sunshine 3020 Sunshine

Postcode 3020

2. Diagnosis -

I examined you on 26th April 2025

If this certificate refers to a period prior to the date of examination, please provide details in Additional Comments (Section 3) below

My Clinical Diagnosis/es based on my examination of you and other available information is:

Right middle finger tendinitis

3. Capacity Assessment -

Note: If capacity is affected further details MUST be provided in this section - continue to Section 4 if capacity is unaffected

Your work capacity is affected by your injury/condition as follows:

Physical Function - Select applicable	WITH CAN MODIFICATIONS CANNOT		Physical Function - Additional Comments e.g. limits on durations, weight-handling capacity, repetitive or sustained postures, movements or forces.
	Can sit	Can stand/walk	
Sit	Can sit		
Stand/Walk	Can stand/walk		
Bend	Can bend		
Squat	Can squat		
Kneel	Can kneel with modifications		
Reach above shoulder	Can reach above shoulder with modifications		
Use injured arm/hand	Cannot use injured hand/arm		
Lift	Cannot lift		
Neck movement	Can move neck		

Mental Health Function Select applicable	NOT AFFECTED		Mental Health Function - Additional Comments e.g. effects of mental health symptoms, cognitive function.
	AFFECTED	AFFECTED	
Attention/Concentration	Not affected		
Memory (short and/or long term)	Not affected		
Judgement (ability to make decisions)	Not affected		

Other Functional Considerations - Not listed above	Other Functional Considerations - Additional comments eg effects on medication

Work Environment Considerations e.g. physical (temperature, noise, space, light) or mental health considerations that affect work capacity

4. Certification -

Note Certificate durations for a work related injury/condition (WorkSafe claim), unless special reasons apply are up to:
 • 14 days for the first certificate (must be issued by a medical practitioner), 28 days for a subsequent certificate

Taking into account the effects of your injury/condition, as outlined in section 3, you:

<input type="checkbox"/>	Have a capacity for pre-injury employment from			
<input type="checkbox"/>	Have a capacity for suitable employment from	to		
<input checked="" type="checkbox"/>	Have no capacity for employment from	18/03/2025	to	24/03/2025

Estimated timeframe to return to work days or weeks

An estimated timeframe will assist with planning for a return to safe work

5. Treatment Plan -

Your treatment plan including injury management, strategies to increase capacity for work, address return to work barriers and/or prevent recurrence/aggravation of injury:

Physiotherapy /Analgesia/Splint

6. Certifier Declaration:

I certify that I have clinically examined this patient. The information and medical opinions I have provided in this certificate are, to the best of my knowledge true and correct.

Provider name, address and phone no. (or practice stamp)

Dr Babatunde Kuku
134 Durham Road
Sunshine

Signature of Certifier

Provider number or hospital name

Postcode 3020

4678736H

Telephone 0393102389

Date issued

26/04/2025

7. Worker Declaration:**MANDATORY unless this is the first certificate or an attendance certificate only**

At any time since the last Certificate of Capacity was provided, have you engaged in:

- voluntary work, or
- any form of employment or self-employment for which you have received or been entitled to receive payment in money or otherwise?

No, I have not

Yes, I have

Please provide details of any voluntary work, employment or self-employment you have engaged in (other than with your pre-injury employer as part of your return to work):

I declare that the details I have given on this certificate are true and correct. I understand that it is an offence under the legislation to provide false or misleading information.

Signature of Worker

Date

26/04/2025

Further Information**Returning to work**

If you have a work capacity for suitable employment your employer and case manager will use the information provided by your certifier on the Certificate of Capacity to assess suitable options for you to safely stay at or return to work. They will take into account what you can do safely and any limitations that apply to your individual circumstances. A capacity for suitable employment could mean working reduced hours while you recover or working modified or different duties until you can return to your normal work with your pre-injury employer or another employer.

Privacy

The TAC and WorkSafe (WorkSafe Agents and Self-Insurers) will handle your personal and health information in accordance with their privacy policies and legislation. You can access privacy policy information at the TAC and WorkSafe websites.

CERTIFICATE OF CAPACITY



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Victorian
WorkCover
Authority

- A valid Certificate of Capacity must be provided if you are claiming compensation for loss of income because of a transport accident or work-related injury or illness.
- The certifier will use this Certificate of Capacity to communicate with your employer and your case manager about your work capacity (refer to the TAC or Victorian WorkCover Authority (VWA) website for who can certify). Note: The first medical certificate for a work-related injury/condition VWA claim must be issued by a medical practitioner.
- Certifiers – Please type or use block letters and ensure that all relevant sections are complete. Incomplete forms may be returned.

This certificate has been issued in relation to a:

Transport accident related injury (TAC Claim) Work related injury/condition (VWA claim)

This certificate has been issued to confirm attendance only Complete sections 1, 2, 5 & 6 only



1. Worker Details

Worker First Name

Andres Fabian

Claim Number (if known)

Worker Last Name

Gutierrez Nieto

Date of Injury (if Claim number not known)

Worker Address

25 Sun Cres

SUNSHINE, VIC

Date of Birth

7/7/1996

Postcode 3020

2. Diagnosis

I examined you on

25/03/2025

If this certificate refers to a period prior to the date of examination, please provide details in Additional Comments (Section 3) below

My Clinical Diagnosis/es based on my examination of you and other available information is:

injury of the right hand and left hand
tendinitis

3. Capacity Assessment

Note: If capacity is affected further details MUST be provided in this section – if fields are blank this indicates limitations are not applicable. • Continue to Section 4 if capacity is unaffected

Your work capacity is affected by your injury/condition as follows:

Physical Function	CAN	WITH MODIFICATIONS	CANNOT
Select applicable – blank fields indicate that limitations are not applicable			
Sit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand/Walk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach above shoulder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use injured arm/hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Neck movement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Physical Function – Additional Comments eg. limits on durations, weight-handling capacity, repetitive or sustained postures, movements or forces:

Mental Health Function	NOT AFFECTED	AFFECTED
Select applicable – blank fields indicate that limitations are not applicable		
Attention/Concentration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Memory (short and/or long term)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Judgement (ability to make decisions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Mental Health Function – Additional Comments eg. effects of mental health symptoms, cognitive function:

Other Functional Considerations – not listed above

Other Functional Considerations – Additional Comments eg. effects of medication:

Work Environment Considerations eg. physical (temperature, noise, space, light) or mental health considerations that affect work capacity

4. Certification

Note: Certificate durations for a work-related injury/condition (VWA claim), unless special reasons apply are up to:
• 14 days for the first certificate (must be issued by a medical practitioner), • 28 days for a subsequent certificate.

Taking into account the effects of your injury/condition, as outlined in section 3, you:

- Have a capacity for pre-injury employment from
- Have a capacity for suitable employment from to
- Have no capacity for employment from 25 MArch 2025 to 8 April 2025

Estimated timeframe to return to work days or weeks

An estimated timeframe will assist with planning for a return to safe work

5. Treatment Plan

Your treatment plan including injury management, strategies to increase capacity for work, address return to work barriers and/or prevent recurrence/aggravation of injury:

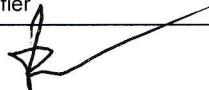
6. Certifier Declaration

I certify that I have clinically examined this patient. The information and medical opinions I have provided in this certificate are, to the best of my knowledge, true and correct.

Provider name, address and phone no. (or practice stamp)

Dr Cesar Tan
423 Ballarat Road
SUNSHINE, VIC

Signature of Certifier



Provider number or hospital name

203749AT

Postcode 3020

Date issued

Telephone 03 9312 3000

25/03/2025

7. Worker Declaration – WORKER TO COMPLETE

MANDATORY unless this is the first certificate or an attendance certificate only

At any time since the last Certificate of Capacity was provided, have you engaged in:

- voluntary work, or
- any form of employment or in self-employment for which you have received or been entitled to receive payment in money or otherwise?

No, I have not

Yes, I have

Please provide details of any voluntary work, employment or self-employment you have engaged in (other than with your pre-injury employer as part of your return to work):

I declare that the details I have given on this certificate are true and correct. I understand that it is an offence under the legislation to provide false or misleading information.

Signature of Worker



Date

25/03/2025

Further Information

Returning to work

If you have a work capacity for suitable employment your employer and case manager will use the information provided by your certifier on the Certificate of Capacity to assess suitable options for you to safely stay at or return to work. They will take into account what you can do safely and any limitations that apply to your individual circumstances. A capacity for suitable employment could mean working reduced hours while you recover or working modified or different duties until you can return to your normal work with your pre-injury employer or another employer

Privacy

The TAC and VWA (VWA Agents and Self-Insurers) will handle your personal and health information in accordance with their privacy policies and legislation. You can access privacy policy information at the TAC and VWA websites.

CERTIFICATE OF CAPACITY



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- A valid Certificate of Capacity must be provided if you are claiming compensation for loss of income because of a transport accident or work-related injury or illness.
- The certifier will use this Certificate of Capacity to communicate with your employer and your case manager about your work capacity (refer to the TAC or WorkSafe Victoria website for who can certify). Note: The first medical certificate for a work-related injury/condition WorkSafe claim must be issued by a medical practitioner.
- Certifiers – Please type or use block letters and ensure that all relevant sections are complete. Incomplete forms may be returned.

This certificate has been issued in relation to a:

Transport accident related injury (TAC Claim)

Work related injury/condition (WorkSafe claim)

This certificate has been issued to confirm attendance only Complete sections 1,2,5 & 6 only

1. Worker Details -

Worker First Name

Andres F

Claim Number (if known)

Worker Last Name

Gutierrez Nieto

Date of Injury (if Claim number not known)

Date of Birth

07/07/1996

Worker Address

25b Sunscrent Sunshine 3020 Sunshine

Postcode 3020

2. Diagnosis -

I examined you on 26th April 2025

If this certificate refers to a period prior to the date of examination, please provide details in Additional Comments (Section 3) below

My Clinical Diagnosis/es based on my examination of you and other available information is:

Right middle finger tendinitis

3. Capacity Assessment -

Note: If capacity is affected further details MUST be provided in this section - continue to Section 4 if capacity is unaffected

Your work capacity is affected by your injury/condition as follows:

Physical Function - Select applicable	WITH CAN MODIFICATIONS CANNOT			Physical Function - Additional Comments e.g. limits on durations, weight-handling capacity, repetitive or sustained postures, movements or forces
	Sit	Can sit	Stand/Walk	
Bend	Can bend	Squat	Can squat	
Kneel	Can kneel with modifications	Reach above shoulder	Can reach above shoulder with modifications	
Use injured arm/hand	Cannot use injured hand/arm	Lift	Cannot lift	
Neck movement	Can move neck			

Mental Health Function - Select applicable	NOT AFFECTED AFFECTED		Mental Health Function - Additional Comments e.g. effects of mental health symptoms, cognitive function
	Attention/Concentration	Memory (short and/or long term)	
Memory (short and/or long term)	Not affected	Not affected	
Judgement (ability to make decisions)	Not affected		
Other Functional Considerations - not listed above			Other Functional Considerations - Additional comments eg effects on medication
Work Environment Considerations e.g. physical (temperature, noise, space, light) or mental health considerations that affect work capacity			

4. Certification -

Note Certificate durations for a work related injury/condition (WorkSafe claim), unless special reasons apply are up to:
 • 14 days for the first certificate (must be issued by a medical practitioner); 28 days for a subsequent certificate

Taking into account the effects of your injury/condition, as outlined in section 3, you:

<input type="checkbox"/>	Have a capacity for pre-injury employment from			
<input type="checkbox"/>	Have a capacity for suitable employment from		to	
<input type="checkbox"/>	Have no capacity for employment from	09/04/2025	to	11/04/2025

Estimated timeframe to return to work days or weeks

An estimated timeframe will assist with planning for a return to safe work

5. Treatment Plan -

Your treatment plan including injury management, strategies to increase capacity for work, address return to work barriers and/or prevent recurrence/aggravation of injury:

Physiotherapy /Analgesia/Splint

6. Certifier Declaration

I certify that I have clinically examined this patient. The information and medical opinions I have provided in this certificate are, to the best of my knowledge true and correct.

Provider name, address and phone no. (or practice stamp)

Dr Babatunde Kuku
134 Durham Road
Sunshine

Signature of Certifier

Provider number or hospital name

Postcode

3020

4678736H

Telephone

0393102389

Date issued

26/04/2025

7. Worker Declaration**MANDATORY unless this is the first certificate or an attendance certificate only**

At any time since the last Certificate of Capacity was provided, have you engaged in:

- voluntary work, or
- any form of employment or self-employment for which you have received or been entitled to receive payment in money or otherwise?

<input checked="" type="checkbox"/>	No, I have not
<input type="checkbox"/>	Yes, I have

Please provide details of any voluntary work, employment or self-employment you have engaged in (other than with your pre-injury employer as part of your return to work):

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I declare that the details I have given on this certificate are true and correct. I understand that it is an offence under the legislation to provide false or misleading information.

Signature of Worker

Date

26/04/2025

Further Information**Returning to work**

If you have a work capacity for suitable employment your employer and case manager will use the information provided by your certifier on the Certificate of Capacity to assess suitable options for you to safely stay at or return to work. They will take into account what you can do safely and any limitations that apply to your individual circumstances. A capacity for suitable employment could mean working reduced hours while you recover or working modified or different duties until you can return to your normal work with your pre-injury employer or another employer.

Privacy

The TAC and WorkSafe (WorkSafe Agents and Self-Insurers) will handle your personal and health information in accordance with their privacy policies and legislation. You can access privacy policy information at the TAC and WorkSafe websites.

CERTIFICATE OF CAPACITY



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- A valid Certificate of Capacity must be provided if you are claiming compensation for loss of income because of a transport accident or work-related injury or illness.
- The certifier will use this Certificate of Capacity to communicate with your employer and your case manager about your work capacity (refer to the TAC or WorkSafe Victoria website for who can certify). Note: The first medical certificate for a work-related injury/condition WorkSafe claim must be issued by a medical practitioner.
- Certifiers – Please type or use block letters and ensure that all relevant sections are complete. Incomplete forms may be returned.

This certificate has been issued in relation to a:

Transport accident related injury (TAC Claim)

Work related Injury/condition (WorkSafe claim)

This certificate has been issued to confirm attendance only Complete sections 1,2,5 & 6 only

1. Worker Details -

Worker First Name

Andres F

Claim Number (if known)

Worker Last Name

Gutierrez Nieto

Date of Injury (if Claim number not known)

07/07/1996

Worker Address

25b Sunscenet Sunshine 3020 Sunshine

Postcode 3020

2. Diagnosis -

I examined you on 15th April 2025 If this certificate refers to a period prior to the date of examination, please provide details in Additional Comments (Section 3) below

My Clinical Diagnosis/es based on my examination of you and other available information is:

Right middle finger tendinitis

3. Capacity Assessment -

Note: If capacity is affected further details MUST be provided in this section - continue to Section 4 if capacity is unaffected

Your work capacity is affected by your injury/condition as follows:

Physical Function - Select applicable	WITH CAN MODIFICATIONS CANNOT		Physical Function - Additional Comments e.g. limits on durations, weight-handling capacity, repetitive or sustained postures, movements or forces:
	Can sit	Can stand/walk	
Sit	Can sit		
Stand/Walk	Can stand/walk		
Bend	Can bend		
Squat	Can squat		
Kneel	Can kneel with modifications		
Reach above shoulder	Can reach above shoulder with modifications		
Use injured arm/hand	Cannot use injured hand/arm		
Lift	Cannot lift		
Neck movement	Can move neck		

Mental Health Function Select applicable	NOT AFFECTED		Mental Health Function - Additional Comments e.g. effects of mental health symptoms, cognitive function:
	AFFECTED	AFFECTED	
Attention/Concentration	Not affected		
Memory (short and/or long term)	Not affected		
Judgement (ability to make decisions)	Not affected		
Other Functional Considerations - not listed above	Other Functional Considerations - Additional comments eg effects on medication		

Work Environment Considerations e.g. physical (temperature, noise, space, light) or mental health considerations that affect work capacity

4. Certification -

Note Certificate durations for a work related injury/condition (WorkSafe claim), unless special reasons apply are up to
 • 14 days for the first certificate (must be issued by a medical practitioner), 28 days for a subsequent certificate.

Taking into account the effects of your injury/condition, as outlined in section 3, you:

<input type="checkbox"/> Have a capacity for pre-injury employment from	[]	
<input type="checkbox"/> Have a capacity for suitable employment from	[]	to []
<input checked="" type="checkbox"/> Have no capacity for employment from	[12/04/2025]	to [25/04/2025]

Estimated timeframe to return to work [] days or [] weeks

An estimated timeframe will assist with planning for a return to safe work

5. Treatment Plan -

Your treatment plan including injury management, strategies to increase capacity for work, address return to work barriers and/or prevent recurrence/aggravation of injury:

Physiotherapy /Analgesia/Splint

6. Certifier Declaration

I certify that I have clinically examined this patient. The information and medical opinions I have provided in this certificate are, to the best of my knowledge true and correct.

Provider name, address and phone no. (or practice stamp)

Dr Babatunde Kuku
134 Durham Road
Sunshine

Signature of Certifier

Provider number or hospital name

Postcode

3020

4678736H

Telephone

0393102389

Date issued

15/04/2025

7. Worker Declaration**MANDATORY unless this is the first certificate or an attendance certificate only**

At any time since the last Certificate of Capacity was provided, have you engaged in:

- voluntary work, or
- any form of employment or self-employment for which you have received or been entitled to receive payment in money or otherwise?

No, I have not

Yes, I have

Please provide details of any voluntary work, employment or self-employment you have engaged in (other than with your pre-injury employer as part of your return to work):

I declare that the details I have given on this certificate are true and correct. I understand that it is an offence under the legislation to provide false or misleading information.

Signature of Worker

Date

15/04/2025

Further Information**Returning to work**

If you have a work capacity for suitable employment your employer and case manager will use the information provided by your certifier on the Certificate of Capacity to assess suitable options for you to safely stay at or return to work. They will take into account what you can do safely and any limitations that apply to your individual circumstances. A capacity for suitable employment could mean working reduced hours while you recover or working modified or different duties until you can return to your normal work with your pre-injury employer or another employer.

Privacy

The TAC and WorkSafe (WorkSafe Agents and Self-Insurers) will handle your personal and health information in accordance with their privacy policies and legislation. You can access privacy policy information at the TAC and WorkSafe websites.

CERTIFICATE OF CAPACITY



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- A valid Certificate of Capacity must be provided if you are claiming compensation for loss of income because of a transport accident or work-related injury or illness.
- The certifier will use this Certificate of Capacity to communicate with your employer and your case manager about your work capacity (refer to the TAC or WorkSafe Victoria website for who can certify). Note: The first medical certificate for a work-related injury/condition WorkSafe claim must be issued by a medical practitioner.
- Certifiers – Please type or use block letters and ensure that all relevant sections are complete. Incomplete forms may be returned.

This certificate has been issued in relation to a:

Transport accident related injury (TAC Claim)

Work related injury/condition (WorkSafe claim)

This certificate has been issued to confirm attendance only Complete sections 1,2,5 & 6 only

1. Worker Details -

Worker First Name

Andres F

Claim Number (if known)

Worker Last Name

Gutierrez Nieto

Date of Injury (if Claim number not known)

Date of Birth

07/07/1996

Worker Address

25b Sunscrent Sunshine 3020 Sunshine

Postcode 3020

2. Diagnosis -

I examined you on 26th April 2025

If this certificate refers to a period prior to the date of examination, please provide details in Additional Comments (Section 3) below

My Clinical Diagnosis/es based on my examination of you and other available information is:

Right middle finger tendinitis

3. Capacity Assessment -

Note: If capacity is affected further details MUST be provided in this section - continue to Section 4 if capacity is unaffected

Your work capacity is affected by your injury/condition as follows:

Physical Function - Select applicable	WITH CAN MODIFICATIONS CANNOT	Physical Function - Additional Comments e.g. limits on durations, weight-handling capacity, repetitive or sustained postures, movements or forces.
Sit	Can sit	
Stand/Walk	Can stand/walk	
Bend	Can bend	
Squat	Can squat	
Kneel	Can kneel with modifications	
Reach above shoulder	Can reach above shoulder with modifications	
Use injured arm/hand	Cannot use injured hand/arm	
Lift	Cannot lift	
Neck movement	Can move neck	

Mental Health Function - Select applicable	NOT AFFECTED	AFFECTED	AFFECTED	Mental Health Function - Additional Comments e.g. effects of mental health symptoms, cognitive function.
Attention/Concentration			Not affected	
Memory (short and/or long term)			Not affected	
Judgement (ability to make decisions)			Not affected	
Other Functional Considerations - not listed above				Other Functional Considerations - Additional comments eg effects on medication
Work Environment Considerations e.g. physical (temperature, noise, space, light) or mental health considerations that affect work capacity				

4. Certification -

Note Certificate durations for a work related injury/condition (WorkSafe claim), unless special reasons apply are up to
 • 14 days for the first certificate (must be issued by a medical practitioner), 28 days for a subsequent certificate

Taking into account the effects of your injury/condition, as outlined in section 3, you:

<input type="checkbox"/>	Have a capacity for pre-injury employment from	[]
<input type="checkbox"/>	Have a capacity for suitable employment from	[]
<input checked="" type="checkbox"/>	Have no capacity for employment from	[26/04/2025] to [23/05/2025]

Estimated timeframe to return to work [] days or [] weeks

An estimated timeframe will assist with planning for a return to safe work

5. Treatment Plan -

Your treatment plan including injury management, strategies to increase capacity for work, address return to work barriers and/or prevent recurrence/aggravation of injury:

Physiotherapy /Analgesia/Splint

6. Certifier Declaration

I certify that I have clinically examined this patient. The information and medical opinions I have provided in this certificate are, to the best of my knowledge true and correct.

Provider name, address and phone no. (or practice stamp)

Dr Babatunde Kuku
134 Durham Road
Sunshine

Signature of Certifier

Provider number or hospital name

4678736H

Postcode

3020

Date issued

26/04/2025

Telephone

0393102389

7. Worker Declaration**MANDATORY unless this is the first certificate or an attendance certificate only**

At any time since the last Certificate of Capacity was provided, have you engaged in:

- voluntary work, or
- any form of employment or self-employment for which you have received or been entitled to receive payment in money or otherwise?



No, I have not



Yes, I have

Please provide details of any voluntary work, employment or self-employment you have engaged in (other than with your pre-injury employer as part of your return to work):

[Large empty box for voluntary work details]	
--	--

I declare that the details I have given on this certificate are true and correct. I understand that it is an offence under the legislation to provide false or misleading information.

Signature of Worker

Date

26/04/2025

Further Information**Returning to work**

If you have a work capacity for suitable employment your employer and case manager will use the information provided by your certifier on the Certificate of Capacity to assess suitable options for you to safely stay at or return to work. They will take into account what you can do safely and any limitations that apply to your individual circumstances. A capacity for suitable employment could mean working reduced hours while you recover or working modified or different duties until you can return to your normal work with your pre-injury employer or another employer.

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