

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:

- Have a capacity for pre-injury employment from / /
 Have a capacity for suitable employment from 10 / 06 / 2025 to 07 / 07 / 2025
 Have no capacity for employment from / / to / /

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:

Physio
HEP

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)

Hobsons Bay Physiotherapy
S8, 6/230 Blackshaws Rd, ALTONA NORTH 3025
Ph: 9393 3988 Fax: 9018 4407
Nathan Malkoun - Physiotherapist
Provider Number: 6237121W

Postcode / / /

Telephone (/ / / / / /)

Signature of Certifier



Provider number or hospital name

6 / 2 / 3 / 7 / 1 / 2 / 1 / W / / / / / / /

Date issued

0 / 6 / 0 / 6 / 2 / 0 / 2 / 5

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?

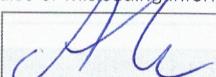
No, I have not

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 0 / 6 / 0 / 6 / 2 / 0 / 1 / 5

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.