



Australian Government
Services Australia

centrelink

Medical Certificate (SU415)

*Denotes mandatory question

Centrelink customers can lodge this medical certificate using their Centrelink online account through myGov. For help, go to servicesaustralia.gov.au/centrelinkuploaddocs

Patient's details

CRN
Family name
First name
Second name

Date of birth (DD MM YYYY)

Home address

Postcode

Condition(s) impacting work, study or participation in activities

Primary condition

*Specific Diagnosis:

Date of onset (if known)
(DD MM YYYY)

*The duration of the current functional impact of this condition is expected to be (including a temporary exacerbation of a permanent condition):

up to 13 weeks ☐ more than 13 weeks ☒ more than 24 months ☐
and up to 24 months

Will this result in an average life expectancy of 24 months or less?

No ☒
Yes ☐

Does this condition meet one of the serious illness categories outlined on page 2 of the Notes?

No ☒
Yes ☐

Secondary condition

*Specific Diagnosis:

Date of onset (if known)
(DD MM YYYY)

*The duration of the current functional impact of this condition is expected to be (including a temporary exacerbation of a permanent condition):

up to 13 weeks ☐ more than 13 weeks ☐ more than 24 months ☐
and up to 24 months

Capacity to work, study or participate in activities

*How long is this incapacity expected to last?

From (DD MM YYYY) TO (DD MM YYYY)

Can this patient do any work, study or participate in activities of 8 hours or more per week?

No ☐
Yes ☐

How many hours can they work, study or participate in activities on average each week?

Functional impact for listed condition(s)

Past, current and planned treatment for listed condition(s)

Other condition(s)

Is there any other condition(s) impacting capacity to work, study or participate in activities?

No ☒

Yes ☐ You need to complete and return a separate Medical director certificate (SU415) form.

Your details

Doctor's name (print in BLOCK LETTERS)

Qualifications

Provider no.

Surgery/Medical Centre/Hospital name

Address

Postcode

Phone number

(including area code)

Signature

Date (DD MM YYYY)



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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 to
- ☒ 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:

pain killer
physio

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. Qasim M. Hamimi
73 Hemmings Street
DANDENONG, VIC

Signature of Certifier

Provider number or hospital name

233064CX

Postcode

Telephone

Date issued

9/10/2025

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

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.