



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](http://servicesaustralia.gov.au/centrelinkuploaddocs)

## Patient's details

CRN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Family name

Hussaini

First name

Melad H

Second name

Date of birth  
(DD MM YYYY)

5/4/2006

Home address

33 Gandin Ct

HAMPTON PARK VIC

Postcode 3976

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

### Primary condition

\*Specific Diagnosis:

lower back pain

### Functional impact for listed condition(s)

Date of onset (if known)

9/10/2025

(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:

### 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)

Dr. Qasim M. Hamimi

Qualifications

M.D, A.M.C, F.R.A.C.G.P

Provider no.

233064CX

Surgery/Medical Centre/Hospital name

DANDEMONG WEST MEDICAL CENTRE

Address

73 Hemmings Street

DANDEMONG VIC

Postcode 3175

Phone number

03 9791 2377

(including area code)

Signature

Date (DD MM YYYY)

9/10/2025



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Date of onset (if known)

<input type="text"/>
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(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)

9/10/2025

TO (DD MM YYYY)

9/1/2026

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?

SU415.2501

#### 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 [ 7/10/2025 ] to [ 6/11/2025 ]

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:

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 [ 3175 ]

Date issued

Telephone [ 03 9791 2377 ]

[ 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

[ 9/10/2025 ]

#### 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.