

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

Jacob

Claim Number (if known)

Worker Last Name

Gunn

Date of Injury (if Claim number not known)

05/08/2025

Date of Birth

11/11/1990

Worker Address

Unit 171/100 Broadway

Bonbeach, VIC

Postcode 3196

2. Diagnosis

I examined you on 16/09/2025

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:

Thoracic muscle spasm

X-Ray - NAD, MRI NAD

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	CAN	WITH MODIFICATIONS	CANNOT
<i>Select applicable</i>			
Sit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stand/Walk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bend	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reach above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use injured arm/hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lift	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neck movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

His Pain getting worse with all movements

max lift 5 kg

modified duties- work 4 hrs 3 times per week, with on going Physiotherapy

Mental Health Function

Select applicable

Attention/Concentration

Memory (short and/or long term)

Judgement (ability to make decisions)

Other Functional Considerations – not listed above

NOT
AFFECTED

☒

☒

☒

AFFECTED

☐

☐

☐

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

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

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

- ☐ Have a capacity for pre-injury employment from [] to []
- ☒ Have a capacity for suitable employment from 15/09/2025 to 28/09/2025
- ☐ 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:

Simple pain medication. Rest. Physiotherapy

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 H.P.P. Warnakulasuriya
32-36 Remount Way
Cranbourne West, VIC

Dr H. Pradeepika Warnakulasuriya
Our Medical Cranbourne
32-36 Remount Way
Cranbourne West VIC 3977
T 03 8375 8868
F 03 8375 8868

Signature of Certifier

Provider number or hospital name

4067487T

Date issued

16/09/2025

Postcode

3977

Telephone

03 83758888

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

16/09/2025

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.