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**FW: 75C003670 Mr Avinesh Lal - RTW Plan Submission**

Robert Pappalardo

**Sent:** Friday, 26 June 2020 1:12 PM  
**To:** David Berlusconi  
**Attachments:**  [RTW & Recovery Plan CTP SE~1.pdf \(153 KB\)](#)

Please discuss.

Rob....

---

**From:** Brendon Ng [mailto:[BrendonN@PinnacleRehab.com.au](mailto:BrendonN@PinnacleRehab.com.au)]  
**Sent:** Friday, 26 June 2020 12:55 PM  
**To:** 0298211599@send.fax; [Avinesh\\_1@yahoo.com](mailto:Avinesh_1@yahoo.com); Robert Pappalardo; [glent@activtherapy.com.au](mailto:glent@activtherapy.com.au)  
**Subject:** 75C003670 Mr Avinesh Lal - RTW Plan Submission

Good afternoon all,

**Private & Confidential and not for use by anyone other than the addressee**

Please see attached a proposed RTW & Recovery Plan for Mr Avinesh Lal. The return to work plan will be reviewed at the next medical review on the 15/07/2020.

It is kindly requested to review and return within 5 business days of receipt of acknowledgement agreement & commitment to the proposed plan. Should you have any queries, please do not hesitate to contact me on the below details.

I look forward to hearing from you shortly.

Prepared by: Brendon Ng 26/06/2020

**Brendon Ng**  
 Principal Consultant  
 Physiotherapist  
 B. Health Sci, M. Physio | AHPRA: PHY0002078033

**Pinnacle Rehab**  
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# Return to Work & Recovery Plan

## CTP – Same Employer



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<b>INJURED PERSON NAME AND CONTACT DETAILS:</b>	Mr Avinesh Lal   0402 640 726
<b>DATE OF BIRTH:</b>	13/07/1980
<b>CLAIM NUMBER:</b>	75C003670
<b>SPECIFIC DIAGNOSIS:</b>	Whiplash and re-exacerbation of lower back pain
<b>DATE MVA:</b>	25/05/2020
<b>PRE-INJURY OCCUPATION:</b>	Accessory Fitter
<b>PRE-INJURY HOURS:</b>	38.00
<b>EMPLOYER BUSINESS NAME:</b>	AAG
<b>EMPLOYER REPRESENTATIVE AND CONTACT DETAILS:</b>	Mr Robert Pappalardo 0416 273 353
<b>INJURY CATEGORY:</b>	Minor
<b>ENTITLEMENT CATEGORY:</b>	To be determined
<b>GENERAL PRACTITIONER NAME:</b>	Dr Soheyl Darzikolahi
<b>GENERAL PRACTITIONER CONTACT DETAILS:</b>	02 9821 1533
<b>INSURER:</b>	Allianz CTP
<b>INSURER CONTACT DETAILS:</b>	Mr Sam Rich   02 4985 1357
<b>DATE OF REFERRAL:</b>	10/06/2020
<b>DATE OF ASSESSMENT:</b>	18/06/2020
<b>DATE OF RTW &amp; RECOVERY PLAN:</b>	26 June 2020
<b>RTW &amp; RECOVERY PLAN NUMBER:</b>	One

## PURPOSE

The Return to Work & Recovery Plan must be completed for all injured or ill persons when their condition requires modification to their normal duties in order to resume suitable work duties. It will be developed in consultation with all relevant parties and consistent with available medical information. Suitable duties outlined are intended to be temporary in nature (unless specified otherwise) and designed to support the injured or ill person to recover in the workplace.

## RETURN TO WORK GOAL

Mr Avinesh Lal to achieve a safe and durable return to work in the following capacity:

Same Job/Same Employer as an accessory fitter with AAG

The anticipated timeframe for achievement of this goal is 3 months



admin@pinnaclerehab.com.au



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1300 138 985



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# Return to Work & Recovery Plan

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### CURRENT CERTIFICATE OF CAPACITY

Mr Avinesh Lal is currently certified with capacity for some type of employment by Treating G.P, Dr Darzikolahi for the period of 18/06/2020 to the 15/07/2020 with the following medical restrictions:

- 4 hours a day, 5 days a week with the following physical restrictions:
  - Lifting/Carrying: To be avoided below waist level, 2kg above waist level
  - Sitting: 15 minutes followed by 5 minutes of standing
  - Standing: 15 minutes followed by 5 minutes of sitting
  - Pushing/Pulling: To be avoided
  - Bending/Twisting/Squatting: To be avoided
  - Driving: 20 minutes at one time

### CURRENT TREATMENT ARRANGEMENTS

Mode of Treatment	Frequency of Treatment	Expected Cessation of Treatment
Physiotherapy Mr Glen Tieu	2 x weekly	TBC
Panadeine forte	Daily	TBC

### PRE-INJURY DUTIES

In a Workplace Assessment completed on 18/06/2020 it was confirmed that Mr Avinesh Lal's pre-injury duties consisted of the following tasks:

- Accessory Fitting
  - Installing accessories into new vehicles
  - Use of hand tools
  - Co-ordinating and manual handling of large and heavy equipment
  - Manual handling requires sustained and precise movements as Mr Lal is working with new accessory parts, so he needs to avoid scratching them.

### SUMMARY OF PRE-INJURY DUTIES FUNCTIONAL REQUIREMENTS

Task	Frequency
Lifting	Up to 200kg between 4 people
Pushing/Pulling	Up to 200kg between 4 people
Sitting	Never
Standing	Constant
Walking	Constant
Driving	Rare
Stair climbing	Nil
Reaching	Constant
Bending	Constant
Kneeling/Squatting	Constant



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# Return to Work & Recovery Plan

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Keying/Mousing (Computer Use)	Ni
Physical demands of pre injury duties†	Very Heavy

Key: \*frequency: never; rare =1-5% of an hour; occasional = 6-33% of an hour; frequent = 34-66% of an hour; constant = 67-100% of hour

### FUNCTIONAL GOALS

Functional goal	Client reported anticipated timeframe to achieve goal	Patient Specific Activity score
Unable to sleep for more than 2 hours at time, frequently wakes up due to lower back pain	Unclear	0
Return to work	Unclear	3
Shopping	Unclear	4

# Return to Work & Recovery Plan

## CTP – Same Employer



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### PROPOSED GRADUATED SUITABLE DUTIES PLAN

#### STAGE 1 – Current

Start Date:	18/06/2020	End Date:	15/07/2020
Days:	5 days a week		
Hours:	4 hours a day		
Location:	To be confirmed		
Certified Capacity:	<ul style="list-style-type: none"><li>• Lifting/Carrying: To be avoided below waist level, 2kg above waist level</li><li>• Sitting: 15 minutes followed by 5 minutes of standing</li><li>• Standing: 15 minutes followed by 5 minutes of sitting</li><li>• Pushing/Pulling: To be avoided</li><li>• Bending/Twisting/Squatting: To be avoided</li><li>• Driving: 20 minutes at one time</li></ul>		
Proposed Suitable Duties	To be confirmed		
Functional Demands	Suitable duties to be confirmed		
Work Task Recommendations	<ul style="list-style-type: none"><li>• Ensure adherence to safe manual handling practices</li><li>• Regular pause/stretch breaks</li><li>• Regular rotation of duties</li></ul>		
Functional Goals Progress	<ul style="list-style-type: none"><li>• To be able to sleep for &gt;2 hours undisturbed</li><li>• To be able to carry/transfer light grocery items &lt;2kg</li></ul>		

#### STAGE 2 – Proposed

Start Date:	15/07/2020	End Date:	12/08/2020
Days:	5 days a week		
Hours:	6 hours a day		
Location:	To be confirmed		
Certified Capacity:	<ul style="list-style-type: none"><li>• Lifting/Carrying: Lifting to 7kg</li><li>• Sitting: 30 minutes</li><li>• Standing: 30 minutes</li><li>• Pushing/Pulling: Up to 7kg</li><li>• Bending/Twisting/Squatting: Occasional</li><li>• Driving: 30 minutes</li></ul>		
Proposed Suitable Duties	To be confirmed		
Functional Demands	Suitable duties to be confirmed		



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# Return to Work & Recovery Plan

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<b>Work Task Recommendations</b>	<ul style="list-style-type: none"><li>• Ensure adherence to safe manual handling practices</li><li>• Regular pause/stretch breaks</li><li>• Regular rotation of duties</li></ul>
<b>Functional Goals Progress</b>	<ul style="list-style-type: none"><li>• To be able to sleep for &gt;2 hours undisturbed</li><li>• To be able to carry/transfer light grocery items &lt;7kg</li></ul>

### STAGE 3- Proposed

<b>Start Date:</b>	12/08/2020	<b>End Date:</b>	09/09/2020
<b>Days:</b>	Pre-injury days		
<b>Hours:</b>	Pre-injury hours		
<b>Location:</b>	To be confirmed		
<b>Certified Capacity:</b>	<ul style="list-style-type: none"><li>• Lifting/Carrying: Lifting up to 15kg</li><li>• Sitting: 1 hour</li><li>• Standing: 1 hour</li><li>• Pushing/Pulling: Up to 15kg</li><li>• Bending/Twisting/Squatting: Frequent</li><li>• Driving: 1 hour</li></ul>		
<b>Proposed Suitable Duties</b>	To be confirmed		
<b>Functional Demands</b>	Suitable duties to be confirmed		
<b>Work Task Recommendations</b>	<ul style="list-style-type: none"><li>• Ensure adherence to safe manual handling practices</li><li>• Regular pause/stretch breaks</li><li>• Regular rotation of duties</li></ul>		
<b>Functional Goals Progress</b>	<ul style="list-style-type: none"><li>• To be able to sleep undisturbed</li><li>• Lift and carry most grocery items</li></ul>		

### STAGE 4- Proposed (Trial of Pre-injury duties)

<b>Start Date:</b>	09/09/2020	<b>End Date:</b>	23/09/2020
<b>Days:</b>	Pre-injury days		
<b>Hours:</b>	Pre-injury hours		
<b>Location:</b>	Pre-injury location		
<b>Certified Capacity:</b>	<ul style="list-style-type: none"><li>• Pre-injury duties</li></ul>		
<b>Functional Demands</b>	<ul style="list-style-type: none"><li>- Constant intermittent standing and walking</li><li>- Constant cervical flexion and rotation</li><li>- Constant bilateral shoulder flexion to above shoulder height</li><li>- Occasional sustained above shoulder work</li><li>- Full functional bilateral, hand, wrist, and elbow movements</li><li>- Repetitive bilateral gross and fine finger movements</li></ul>		



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# Return to Work & Recovery Plan

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	<ul style="list-style-type: none"><li>- Strong bilateral gripping</li><li>- Constant bending, twisting, squatting</li><li>- Constant manual handling of large accessory parts up to 200kg from ground to above shoulder with 4 people.</li><li>- Example of accessory parts include:<ul style="list-style-type: none"><li>- Canopy of 60kg with 4 people</li><li>- 4WD wheels ~20kg</li><li>- Bull bar ~85kg with 2 people</li></ul></li></ul>
<b>Work Task Recommendations</b>	<ul style="list-style-type: none"><li>• Ensure adherence to safe manual handling practices</li><li>• Regular pause/stretch breaks</li><li>• Regular rotation of duties</li></ul>
<b>Functional Goals Progress</b>	<ul style="list-style-type: none"><li>• Return to pre-injury duties</li><li>• Sleep undisturbed</li><li>• Nil issues with grocery shopping</li></ul>

**Pre-injury final certificate to be obtained on 23/09/2020**

## MONITORING ARRANGEMENTS

- Should Mr Avinesh Lal experience any difficulties completing any of the duties specified in this plan, their direct Supervisor; Employer and Pinnacle Rehab Pty Ltd should be notified as soon as possible.
- Should Mr Avinesh Lal be unable to complete duties or attend the workplace as per the proposed plan, they must review with their General Practitioner and be issued a Certificate of Capacity or general medical certificate dependent on the rationale for non-attendance. The Certificate of Capacity or general medical certificate must be obtained on the same day as their inability to complete the duties or attend the workplace.
- Should be concerned regarding implementation or completion of suitable duties, they must advise Pinnacle Rehab Pty Ltd as soon as possible.
- Should be unable to continue to provide suitable duties, they must advise Pinnacle Rehab Pty Ltd as soon as possible.

## RECOMMENDATIONS

- It is recommended that Mr Avinesh Lal attend all medical / treatment related appointments outside of work hours where possible to facilitate a recovery at work approach as per legislation recommendations
- It is kindly requested that Mr Avinesh Lal, Mr Robert Pappalardo (Employer) and Dr Soheyl Darzikolahi (GP) review and return this document signed within 5 business days of receipt to acknowledge their commitment to the proposed plan (*Where there is no response, the RTW & Health Plan will be developed in accordance with the current issued Certificate of Capacity*)

**Please note:** This plan is a proposed strategy and subject to change as a result of the availability of workplace duties, medical reviews and improvement.

## SIGNED AGREEMENT TO PRE-INJURY DUTIES & RTW & RECOVERY PLAN 1

# Return to Work & Recovery Plan

## CTP – Same Employer



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Stakeholder	Name	Signature	Date
Injured Person	Mr Avinesh Lal		
Supervisor/Manager	Mr Robert Pappalardo		
Treating Practitioner	Mr Glen Tieu		
General Practitioner (GP)	Dr Soheyl Darzikolahi		
Rehabilitation Consultant	Brendon Ng		26 June 2020
Anticipated Review Date of this plan:	15/07/2020		

It is hoped this Return to Work & Recovery Plan has been of benefit to all parties and if you wish to discuss any aspect, please do not hesitate to contact me on 1300 591 438.



**Brendon Ng**

*B. Health Sci, M. Physio*

*Physiotherapist AHPRA: PHY0002078033*

*0419 406 564*

*brendonn@pinnaclerehab.com.au*

Cc:

*Allianz CTP*

*Dr Soheyl Darzikolahi*

*Mr Robert Pappalardo | - rpappa@aag.com.au*

*Pinnacle Rehab file*

†From U.S. Department of Labor Physical Demand Characteristics of work - Matheson LN. Chapter 18: Functional Capacity Evaluation. pages 168-188 In Demeter SL Andersson GBJ Smith GM. Disability Evaluation. Mosby. American Medical Association. 1996

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**FW: Case Conference summary email**

**Robert Pappalardo**

**Sent:** Friday, 26 June 2020 1:18 PM  
**To:** David Berlusconi  
**Attachments:** [2020.pdf \(2 MB\)](#)

Please read and discuss.

Rob...

**From:** Brendon Ng [mailto:BrendonN@PinnacleRehab.com.au]  
**Sent:** Friday, 26 June 2020 10:43 AM  
**To:** Robert Pappalardo; sam.rich@allianz.com.au  
**Cc:** Avinesh\_1@yahoo.com  
**Subject:** Case Conference summary email

Intervention Detail: To discuss Mr Lal's recent MRI report, confirm his current functional capacity, timeframes of recovery and ongoing treatment plan. In attendance was Mr Lal, Dr Darzikolahi, Treating physiotherapist Mr Tieu, and Pinnacle Rehab

Diagnosis: Whiplash injury, and re-exacerbation of lower back pain

Agreed RTW Goal: Same Job; Same Employer

Workplace / RTW Update:

- Pinnacle Rehab advised that they completed an workplace assessment with Mr Lal and his employer on the 11/06/2020 to assess the demands of his pre-injury duties and discuss possible suitable duties.
- Dr Darzikolahi advised that Mr Lal was previously completing suitable duties as a delivering cars and refuelling. Mr Lal confirmed that these suitable duties have since been withdrawn.
- Pinnacle Rehab advised after speaking to the employer they have sent through the RAW program information to them for them to review. Pinnacle Rehab advised they had spoken to the employer earlier and confirmed they have forwarded the form to their HR to review and will update Pinnacle Rehab if they are suitable duties available.
- Dr Darzikolahi advised that the recovery timeframes is difficult to guess, he advised that Mr Lal should return to full hours within 6 weeks and back to pre-injury duties in another 6 weeks after that (In total of 12 weeks till pre-injury duties)

Treatment Needs / Practitioner Update:

- Mr Lal's MRI has returned clear of any anatomical abnormalities
- Mr Tieu advised that Mr Lal was having difficulty lifting 2kg from the floor, however the main restriction was the movement of bending rather than the weight itself.
- Mr Tieu reported that Mr Lal's symptoms are sporadic
- Pinnacle Rehab enquired if Mr Lal had any difficulty lifting weight from waist to chest level however Mr Lal advised he has not attempted this.

Certification for Capacity Update:

- Mr Lal's certificate of capacity was updated to 4 hours a day, 5 days a week with the following physical restrictions:
  - Lifting/Carrying: To be avoided below waist level, 2kg above waist level
  - Sitting: 15 minutes followed by 5 minutes of standing
  - Standing: 15 minutes followed by 5 minutes of sitting
  - Pushing/Pulling: To be avoided
  - Bending/Twisting/Squatting: To be avoided
  - Driving: 20 minutes at one time

General Worker Feedback:

- Mr Lal reported nil improvements in his symptoms as of recent
- He reported that is currently having difficulties with sleeping, and he is able to sleep for approximately 2 hours at a time before waking up due to lower back pain.
- Dr Darzikolahi advised he will prescribe Mr Lal with some muscle relaxant and sleeping tablets in combination to assist with sleeping and advised Mr Lal to continue with Pandene fort for pain management.

Strategies to assist support RTW:

- Pinnacle Rehab will follow up with Mr Lal's employer on the availability of suitable duties.

- Pinnacle Rehab will liaise with Mr Tieu on a fortnightly basis to discuss Mr Lal's progress with treatment, and ongoing treatment plan.
- Dr Darzikolahi advised that if Mr Lal's pain persists then a referral to a pain specialist/clinic may be warranted down the line.

Please kindly find attached Mr Lal's new certificate of capacity

Kind Regards,

**Brendon Ng**

Principal Consultant  
Physiotherapist  
B. Health Sci, M. Physio | AHPRA: PHY0002078033

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# Certificate of capacity/ certificate of fitness

For use with workers compensation and Compulsory Third Party (CTP) motor accident injury claims.



State Insurance  
Regulatory Authority

## CTP

For CTP claims: 'Certificate of fitness' means 'certificate of fitness for work'. This certificate should be completed whether the person was employed at the time of the accident or not.

Tick if this is the initial certificate for this claim.

### Section 1: To be completed by the injured person or treating medical practitioner

First name

Avinesh

Last name

Lal

Date of birth (DD/MM/YYYY)

13/07/1980

Telephone number

0402 640  
726

Address (must be residential address – not PO Box)

Unit 3/15  
George  
Street

Suburb

Liverpool

State

NSW

Postcode

2170

Claim number

Medicare number

2604348435-1

Occupation/job title

Accessory  
Fitter

Employer's name and contact details (if applicable)

AAG Pty  
Ltd

Tel: 02 9332 8300

#### Injured person's consent

I consent to my treating medical practitioner, my employer (optional for CTP claims), the insurer, other medical practitioners or health related practitioners (whether consulting, treating or examining), workplace rehabilitation providers and SIRA exchanging information for the purpose of managing my injury and workers compensation/motor accident injury claim.

I understand this information will be used by SIRA and insurers to fulfill their functions under the motor accident insurance and workers compensation legislation.

Date (DD/MM/YYYY) 18/06/2020

Signature

### Section 2: To be completed by treating medical practitioner

Medical certification Diagnosis of work related injury/disease or motor accident related injury(ies)

Whiplash injury of the cervical spine

Exacerbation of pre-existing lower back pain

Person's stated date of injury/accident (DD/MM/YYYY)

25/05/2020

Please attach a copy of the practice/hospital certificate only

~~"My job is consistent with personal development or  
cause~~

Yes

y related to work or the motor vehicle accident?

behind in a multi-vehicle accident, while sitting in the driver's seat of a  
ary car.

tail any pre-existing factors which may be relevant to this condition or injury(ies)

### Past history of chronic low back pain

plan for this period  
medication type and duration

**Physiotherapy (Eight sessions)**  
**Madeleine forte 1-2 TDS PRN**

Referral to another health service or rehabilitation provider (include details of provider type and service requested,  
duration and frequency when relevant)

**Physiotherapist**  
**Activ Therapy**  
**Shop 198 Westfield Shoppingtown**  
**Liverpool 2170**

Capacity for activities – If the person has capacity for pre-injury work this section does not need to be completed.  
For all others please consider activities of daily living currently being performed.

**Lifting/carrying capacity**

To be avoided below waist level

Maximum of 2 Kg above waist level

**Standing tolerance**

Maximum of 15 minutes, followed by 5 minutes in sitting

**Bending/twisting/squatting ability**

To be avoided

Other (please specify) eg psychological considerations, keep wound clean and dry

**Sitting tolerance**

Maximum of 15 minutes, followed by 5 minutes of standing

**Pushing/pulling ability**

To be avoided

**Driving ability**

Twenty minutes at any one time

Next review date (DD/MM/YYYY)

**15/07/2020**

(if greater than 28 days,  
please provide clinical reasoning)

**Comments**

**Physiotherapy**

Capacity for work (please consider the health benefits of good work when completing this section).

Where the word 'capacity' appears below it should be read as 'fitness for work' when the certificate is completed in a motor accident injury claim.

**No**

Do you require a copy of the position description/work duties?

Date (DD/MM/YY)

is fit for pre-injury work  
from \_\_\_\_\_  
has capacity for some  
type of work from \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

for hours/day days/week

**18/06/2020**      **15/07/2020**

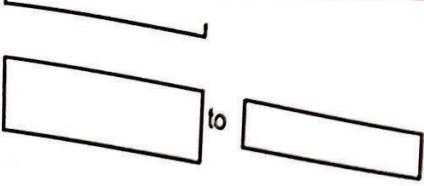
**4**

**days/week**

**5**

ent capacity

work from



current capacity for work, estimated time to return to any type of employment  
immediately

Factors affecting recovery

## Persistent spinal pain

Page 2 of 3



State Insurance  
Regulatory Authority

Medical practitioner details

I am the treating medical practitioner and I have examined this person. The information and medical details contained in this certificate are, to the best of my knowledge, true and correct.  
Date (DD/MM/YYYY)

Name: Dr. Soheyl Samimi Darzikolahi

Address:

MyHealth Medical Centre  
Shop 198 Westfield Shoppingtown



Suburb

Liverpool

Telephone number

02 9821 1533

State

NSW

Postcode

2170

Provider number

238071CH

I agree to be the nominated treating doctor for the ongoing management of this person's injury, treatment and recovery at/return to work (tick if you consent).

### Section 3: Employment declaration (not to be completed by the treating medical practitioner)

This section is to be completed by the person prior to sending to the insurer (or employer).

First name

Avinesh

Last name

Lal

I have not

engaged in any form of paid employment, self employment or voluntary work for which I have received or am entitled to receive payment in money or otherwise since the last certificate was provided, that I have not yet declared to the insurer.

If so, please provide details below.

I declare that the details I have given on this declaration are true and correct, knowing that false declarations are punishable by law.

Signature

Date (DD/MM/YY) 28/06/2020