



WorkCover WA - FIRST certificate of capacity

1. WORKER'S DETAILS

First name	Hogg	Last name	David
Date of birth	09/04/1963	Email	6056
Phone	0488655596	Mobile	
Address	14 Silver Princess Way		

2. EMPLOYMENT DETAILS

Worker's job title	Hanh Nguyen	Employer's name	0439 905 108
Employer's address	1 Frederick Street, BELMONT WA 6104		

3. CONSENT AUTHORITY

I consent to any medical practitioner who treats me (whether named on this certificate or not) to discuss my medical condition with my employer, insurer and other medical or allied health professionals for the purpose of my claim for workers' compensation and return to work options.

Worker's signature		Print name	Hogg David
		Date	hungcaothanh

4. WORKER'S DESCRIPTION OF INJURY

Date of injury	16/12/2014
What happened?	hungcaothanh
Worker's symptoms	hungcaothanh

5. MEDICAL ASSESSMENT

Date of this assessment	hungcaothanh
Clinical findings	Work below shoulder height
Diagnosis	diagnosis
The injury is consistent with worker's description of how injury occurred <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> uncertain	
The injury is: <input type="checkbox"/> a new condition <input checked="" type="checkbox"/> a recurrence of a pre-existing condition	

6. WORK CAPACITY

Worker's usual duties

Having considered the health benefits of work, I find this worker to have:

- ☒ **full capacity for work** from ☒ but requires further treatment
- ☒ **some capacity for work** from to performing:
- ☒ pre-injury duties ☒ modified or alternative duties ☒ workplace modifications
- ☒ pre-injury hours ☒ modified hours of hrs/day days/wk
- ☒ **no capacity for any work** from to (outline clinical reason below)

Worker has capacity to:

(Please outline the worker's physical and/or psychosocial capacity – refer to explanatory notes for examples. Where there is no capacity for work, please provide clinical reasoning.)

- ☒ lift up to kg
- ☒ sit up to mins
- ☒ stand up to mins
- ☒ walk up to m
- ☒ work below shoulder height

7. INJURY MANAGEMENT PLAN

Activities/interventions	Purpose/goal (likely change in symptoms, function, activity and work participation)
activities1	goal1
activities2	goal2
activities3	goal3
activities4	goal4
activities5	goal5

I would like: ☒ more information about available duties ☒ a RTW program to be established
☒ to be involved in developing the RTW program

Examples of injury management activities/interventions include:

- further assessment - diagnostic imaging, medical specialist consults, worksite assessment
- intervention - physiotherapy, clinical psychology, exercise physiology, prescribed medications, workplace mediation
- return to work planning - identify suitable duties, establish return to work program

8. NEXT REVIEW DATE

- ☒ Worker does not need to be reviewed again (FIRST and FINAL certificate of capacity)
- ☐ I will review worker again on (if greater than 14 days, please provide clinical reasoning)

Comments

9. MEDICAL PRACTITIONER'S DETAILS

Name	<input type="text" value="Hanh Nguyen"/>	AHPRA no. MED	<input type="text" value="096106RY2"/>
Address	<input type="text" value="1 Frederick Street, BELMONT WA 6104"/>	Email	<input type="text" value="hnguyen@redimed.com.au"/>
Phone	<input type="text" value="0439 905 108"/>	Signature	
Fax	<input type="text" value="096106RY2"/>	Date	<input type="text" value="16/10/2014"/>

(Practice stamp – optional)