

*Workers' Compensation and Injury Management Act 1981***CERTIFICATE OF DEGREE OF PERMANENT IMPAIRMENT**
[section 146H(1)]

For sfdasdfsdf asdfasdfad
Name of the worker.

Address eeee
6 6
Postcode

Date of birth

01 January 1980

Date of injury

10 December 2014

Insurer claim number

6

Description of injury

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12
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12
1
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11
12

Contact telephone number

6

Email address

f@gmail.com

WorkCover WA claim number

6

*Workers' Compensation and Injury Management Act 1981***Employer's details**

Organisation name

REDiMED

Contact person

6

Address

1

6

Postcode 1

Telephone number

6

Email address

6

Name of Insurer

6

WorkCover number (if known)

6

Purpose of the assessment (Select only one below)**Schedule 2: Lump Sum Payments**

Assessment for the purpose of Part III Division 2A

☐**Common Law**Assessment for the purpose of Part IV Division 2
Subdivision 3☒**Specialised Retraining Programs**

Assessment for the purpose of Part IXA

☐**Payment of Additional Medical Expenses: Exceptional Circumstances**

Assessment for the purpose of clause 18A of Schedule 1

☐

I certify that having assessed the above worker on 09-December
2014 in accordance with the Workers' Compensation Injury
Management Act 1981, the degree of permanent impairment for
the injury detailed above is:

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Workers' Compensation and Injury Management Act 1981


12
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(Please state the degree of permanent impairment as a percentage. Also note for Schedule 2 Lump sum payments [Part III Division 2A] please specify the item number and the impairment description as per Part 2 of Schedule 2)

Signed:

Date

19-December
2014


signed by the Approved Medical Specialist

Approved Medical Specialist

Dr. Hanh Nguyen

Address

s

s

Postcode s

Telephone number.

Email address

000

h@redimed

Note: Copies of this certificate is to be forwarded to both the worker and employer.