

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

For	dfasfdasdf asdfasdf		
	Name of the worker.		
Address	as		
	sa	Postcode	as
Date of birth			
	01 January 1980		
Date of injury	Insurer claim number		
	15 January 2015	sa	
Description of injury			
	1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12		
Contact telephone number	Email address		
asdfasdf	asdfasdfadf@gmail.com		
WorkCover WA claim number			

Workers' Compensation and Injury Management Act 1981

as

Employer's details

Organisation name

Insurer Company

Contact person

as

Address

222

as

Postcode 999

Telephone number

Email address

sa

as

Name of Insurer

WorkCover number (if known)

as

as

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**

provided)

☐**Date of the examination**

15 January 2015

Examination location

as

as

Postcode as

Reports and documents provided (list of documents and information provided)

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Workers' Compensation and Injury Management Act 1981

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A narrative history (as provided by the worker on history of injury, occupational history, past medical history)

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Workers' Compensation and Injury Management Act 1981

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Diagnostic studies

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Diagnosis and impairments

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The proportion of permanent impairment due to any previous injury that was not asymptomatic

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Workers' Compensation and Injury Management Act 1981

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Statement as to the reasons for arriving at the calculation of the worker's degree of permanent impairment

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Signed:**Date**

23-January

2015



 signed by the Approved Medical Specialist

Workers' Compensation and Injury Management Act 1981

Approved Medical Specialist name

Dr. Hanh Nguyen

Address

as

as

Postcode as

Telephone number

000

Email address

h@redimed

Note: Copies of this report are to be forwarded to both the worker and employer.