



WorkCover WA - FINAL certificate of capacity

1. WORKER'S DETAILS

First name	Hogg	Last name	David
Date of birth	09/04/1963	Claim no.	6056
Phone	0488655596	Email	
Address	14 Silver Princess Way		

2. EMPLOYER'S DETAILS

Employer's name	hungcaothanh	Employer's phone	hungcaothanh
Employer's address	hungcaothanh		

3. MEDICAL ASSESSMENT

Date of this assessment		Date of injury	14/09/2014
<input type="checkbox"/> The worker's condition is unlikely to change substantially in the next 12 months			

4. WORK CAPACITY

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

☐ **full capacity for work** from ☐ but requires further treatment (outline specifics below)

☐ **capacity for work** performing hours per day and days per week from

as outlined below: (Please outline the worker's physical and/or psychosocial capacity for work, functional limits, ongoing need for workplace modifications, and/or further treatment needs)

<input type="checkbox"/> lift up to	434	kg	
<input type="checkbox"/> sit up to	4343	mins	
<input type="checkbox"/> stand up to	4343	mins	
<input type="checkbox"/> walk up to	434	m	

☒ work below shoulder height

☐ **The worker's incapacity is no longer a result of the injury**

5. REASON FOR CAPACITY/INCAPACITY

Please outline your clinical reason for the worker's capacity/incapacity:

6. MEDICAL PRACTITIONER'S DETAILS

Name	Hanh Nguyen	AHPRA no. MED	096106RY2
Address	1 Frederick Street, BELMONT WA 6104	Email	hnguyen@redimed.com.au
Phone	0439 905 108	Signature	
Fax	096106RY2	Date	14/10/2014

(Practice stamp - optional)