



# CERTIFICATE OF CAPACITY

**Medical Certificate** – up to 14 days unless special reasons apply (under-section 105 of the Act)

**Continuing certificate of capacity** – up to 28 days unless special reasons apply (under section 111 of the Act)  
(Place an X in appropriate box above)

**Attendance certificate only** – this cannot be used to claim weekly benefits

Patient's full name  
Patient's Address  
Description of injury/disease  
Diagnosis

Date of Birth

Other details such as any aggravation or recurrence of a previous injury or a degenerative component

Injury/disease is consistent with patient's description of cause:

Yes      Uncertain  
(Remove tick from appropriate box)

Patient's type of work (see note 11)

Treatment/medication

Referral to another health care provider (give details of provider and service requested, duration and frequency when relevant)

## CAPACITY FOR WORK

*Discussion with the employer may assist you to find out whether suitable employment is available for your patient, given his/her injury/disease.*

**Work restrictions** (see notes 14 & 15)

Expected to be fit for normal duties      from  
Fit for modified duties      from  
(specify restrictions at right)      to

Fit for alternative duties      from  
(specify restrictions at right)      to

Unfit for any duties      from  
to

**Next Review Date:**

Comments

**I certify that I have clinically examined this patient. The information and medical opinions contained in this certificate are, to the best of my knowledge, true and correct.**

## MEDICAL PRACTITIONER IDENTIFICATION

Name, address and phone number (practice stamp if available)

Signature of medical practitioner

Provider no. or hospital name

Specialty

Date of examination\*

Date of issue

\*If this certificate refers to a period prior to the date of examination, please give details in Comments (above). See over for patient declaration.

## EMPLOYER DETAILS

Employer's name and address

Telephone number

## PATIENT DECLARATION

(to be completed **only** for continuing certificate of capacity **not** for the first medical certificate nor an attendance certificate)

I,

have

have not

engaged in a/any form of paid employment, self employment or voluntary work for which I have received or been entitled to receive payment in money or otherwise since the last Certificate of Capacity was provided. I declare that the details I have given on this certificate are true and correct, knowing that false declarations are punishable by law.

(If you have been engaged in any form of employment or voluntary work, please attach details when you forward this certificate to your employer).

Signature of patient

Date

Name of witness (please print)

Date

Signature of witness

## IMPORTANT NOTICE FOR WORKERS

**1. ROLE OF CERTIFICATE OF CAPACITY:** This certificate is one of two things you need to make a Claim for compensation for your injury, the other is the claim form - see below. The certificate supplies the information needed to confirm the time that you have had off work as a result of your injury. It is important that you sign this certificate if you have already submitted a claim. Weekly benefits will only continue to be paid if this section has been completed, and your signature witnessed.

**2. LODGING A CLAIM:** If you suffer a work related injury leading to time off work or medical treatment, you may wish to make a claim for WorkSafe compensation. You should give the claim form (and this Certificate of Capacity if you require time off work) to your employer as soon as possible. This will allow processing of your claim and potentially enable the allocation of appropriate rehabilitation specialist services. This gives you the best chance of a quick and complete recovery.

WorkSafe claim forms are available from:

- your employer
- any Victorian Post Office
- WorkSafe Advisory Service, toll free on 1800 136 089

If your injury is likely to require more than 10 days off work and an annually indexed amount of reasonable medical costs, or if your employer disputes liability, your employer must send your claim form and medical certificate to his/her WorkSafe Agent within 10 days to avoid penalty. As a result of your employer providing notification within this time frame, he/she helps to ensure that your injury is managed in such a way that delivers the best outcome for your recovery. Therefore, you may wish to follow up with your employer to ensure that it has been submitted within this time frame.

**3. RETURNING TO WORK:** If you have suffered a workplace injury, there are steps that you can take to improve your recovery, lessen the effects of your workplace injury, and to provide a safe return to work.

**1. Stay in touch with your employer:** Maintaining contact with your employer enables him/her to plan for your return to the workplace.

**2. Focus on return to work strategies** Through the use of a return to work plan, you are taking positive steps towards your longer term recovery. Medical evidence strongly supports the role of graduated return to work as part of the rehabilitation process. In most cases, early return to work is the most appropriate outcome – you and your employer should talk to your treating practitioner about the sort of duties and hours you could do whilst you are recovering from injury.