Form 4A

WorkCover WA - PROGRESS 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	Hanh Nguyen	Employer's phone	0439 905 108
Employer's address	1 Frederick Street, BELMONT WA 6104		

3. MEDICAL ASSESSMENT

Date of this assessment		Date of injury	25/09/2014
Diagnosis	Diagnosis Diagnosis		

4. PROGRESS REPORT

Activities/interventions	Actual outcome *(change in symptoms, function, activity and work participation)*	Still required?*	
Activities2	Actual1	☐ Yes	☑ No
Activities1	Actual2	☐ Yes	☑ No
Activities3	Actual3	☐ Yes	☑ No
Activities4	Actual4	☐ Yes	☑ No
Activities5	Actual5	☐ Yes	☑ No
		☐ Yes	☐ No

**(If management activities/interventions are still required, please also list them in Section 6 'Injury Management Plan')*

☑ Other factors appear to be impacting recovery and return to work

Comment: Other factors appear to be impacting recovery and return to work and comment

5. WORK CAPACITY

Worker's usual duties: worker's usual duties

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

☑ **full capacity for work** from 14/02/2014 ☑ but requires further treatment

☑ **some capacity for work**, from 14/03/2014 to 14/05/2014 performing:

☑ pre-injury duties ☑ modified or alternative duties ☐ workplace modifications

☑ pre-injury hours ☑ modified hours of 1 hrs/day 2 days/wk

☑ **no capacity for any work** from 14/06/2014 to 14/07/2014 *(outline clinical reason on next page)*

5. WORK CAPACITY (CONTINUED)

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.)

- [x] lift up to 3 kg
- [x] sit up to 4 mins
- [x] stand up to 5 mins
- [x] walk up to 6 m
- [x] work below shoulder height

Work below shoulder height

6. INJURY MANAGEMENT PLAN

Activities/interventions	Purpose/goal *(likely change in symptoms, function, activity and work participation)*
interventions1	purpose1
intervention2	purpose2
intervention3	purpose3
intervention4	purpose4
intervention5	purpose5

- [x] I support the RTW program established by the employer/insurer/WRP dated 14/08/2014
- [x] I would like more information about available duties
- [x] I would like to be involved in developing the RTW program
- [x] Please engage a workplace rehabilitation provider *(If you have made a referral, provide name and contact details below)*

please engage a workplace rehabilitation provider

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*

7. NEXT REVIEW DATE

- [x] I will review worker again on 14/10/2014 *(if greater than 28 days, please provide clinical reasoning)*

Comments: Comments

8. MEDICAL PRACTITIONER'S DETAILS

Name: Hanh Nguyen

Address: 1 Frederick Street, BELMONT WA 6104

Phone: 0439 905 108

Fax: 096106RY2

(Practice stamp – optional)

AHPRA no. MED: 096106RY2

Email: hnguyen@redimed.com.au

Signature: 

Date: 14/10/2014