



WorkCover WA - FINAL certificate of capacity

1. WORKER'S DETAILS

First name	1	Last name	1
Date of birth	01/01/0001	Claim no.	
Phone		Email	
Address			

2. EMPLOYER'S DETAILS

Employer's name	Mineral Resources	Employer's phone	
Employer's address	1 Sleat Road, Applecross, Western Australia		

3. MEDICAL ASSESSMENT

Date of this assessment	12/12/2014	Date of injury	
<input checked="" 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:

<input checked="" type="checkbox"/> full capacity for work from	17/12/2014	<input type="checkbox"/> but requires further treatment (outline specifics below)	
<input checked="" type="checkbox"/> capacity for work performing	2	hours per day and 2 days per week from	17/12/2014

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)

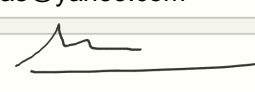
<input type="checkbox"/> lift up to		kg	edwaesgrht
<input type="checkbox"/> sit up to		mins	
<input type="checkbox"/> stand up to		mins	
<input type="checkbox"/> walk up to		m	
<input type="checkbox"/> work below shoulder height			
<input type="checkbox"/> The worker's incapacity is no longer a result of the injury			

5. REASON FOR CAPACITY/INCAPACITY

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

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6. MEDICAL PRACTITIONER'S DETAILS

Name	Pre Employment 1	AHPRA no. MED	
Address		Email	saasas@yahoo.com
Phone		Signature	
Fax		Date	12/12/2014

(Practice stamp – optional)