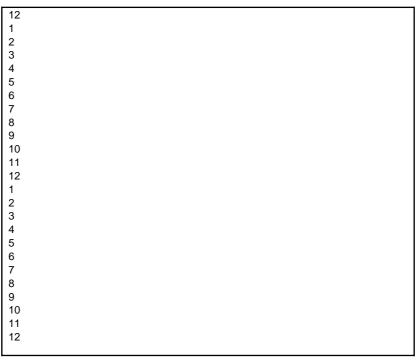
REPORT ON EVALUATION OF THE DEGREE OF PERMANENT IMPAIRMENT [section 146H(1)]

| For | dfasfdasdf asdfasdf | |
|---|---------------------|-----------------------|
| | Na | me of the worker. |
| Address | as | |
| | sa | Postcode as |
| Date of birt | h | |
| 01 January | 1980 | |
| Date of injury | | Insurer claim number |
| 15 January | 2015 | sa |
| Description | n 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 11 12 13 14 15 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18 | | |
| Contact tele | ephone number | Email address |
| asdfasdf | | asdfasdfadf@gmail.com |

WorkCover WA claim number

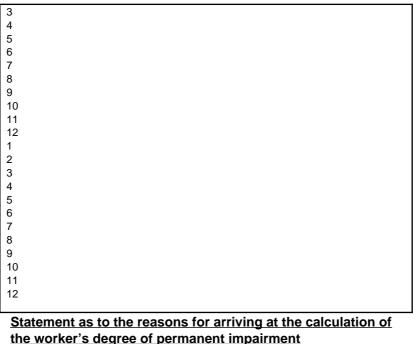
| as | | | |
|--|-----------------------------|--|--|
| Employer's details | | | |
| Organisation name | | | |
| Insurer Company | | | |
| Contact person | | | |
| as | | | |
| Address | | | |
| 222 | | | |
| as | Postcode 999 | | |
| Telephone number | Email address | | |
| sa | as | | |
| Name of Insurer | WorkCover number (if known) | | |
| as | as | | |
| Purpose of the assessment (S | 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 | | | |
| Assessment for the purpose of clause 18 | | | |
| Date of the examination | | | |
| 15 January 2015 | | | |
| Examination location | | | |
| as | | | |
| as | Doctordo os | | |
| | Postcode as | | |
| A narrative history (as provided by the worker on history of injury, occupational history, past medical history) | | | |
| 1 2 3 4 5 6 7 8 9 10 | | | |



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

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| | |
| , | Diagnostic studies |
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| | 11 12 |
| | 1 |
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| | 4 5 |
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| | Diagnosis and impairments |
| 1 | 0 |
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| | 12 |
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| 1 | 3 |
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| 1 | 7 |
| 1 | 8 |
| 1 | 9 10 |
| 1 | 11 |
| | 12 |
| ì | The proportion of permanent impairment due to any previous |
| | injury that was not asymptomatic |
| ſ | 0 |
| | 11 |
| 1 | 12 |
| 1 | 1 |



the worker's degree of permanent impairment





Workers' Compensation and Injury Management Act 1981

| Approved Medical Specialist name | | | | |
|----------------------------------|---------------|--|--|--|
| Dr. Hanh Nguyen | | | | |
| Address | | | | |
| as | | | | |
| as | Postcode as | | | |
| Telephone number | Email address | | | |
| 000 | h@redimed | | | |

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