Form 4

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:

☑ 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 17/12/2014 ☐ but requires further treatment *(outline specifics below)*

☑ **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)*

☐ lift up to ____ kg
☐ sit up to ____ mins
☐ stand up to ____ mins
☐ walk up to ____ m
☐ work below shoulder height

edwaesgrht

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

(Practice stamp – optional)