

## Approved form AF2002-179

---

made under the

**Workers Compensation Rules 1938**

---

### **Workers Compensation Rules 1938— Form 54**

(see r 57 (10) and (11))

#### **Form of medical certificate to be obtained by worker residing out of Australia**

*[Heading as in award or memorandum.]*

I [*name, address, and medical qualification of medical practitioner*]  
certify that I have this day examined A.B. of  
, whom I conscientiously believe to be the same person as A.B.  
of , described in the copy  
certificate of the medical referee in this matter, dated  
, and in the certificate of identity dated  
produced to me by A.B.  
; and that in my opinion the incapacity of A.B.  
resulting from the injury described in the said certificate of the medical  
referee still continues.

Dated:

*[Signature.]*

Declared at this day of  
, in the presence of A.B., the copy of the  
certificate of the medical referee and the certificate of identity being at the  
same time produced.

Before me—

*[Signature and description of person before whom the*

---

*declaration is made.]*

---

## Endnotes

- 1 This form was originally in the *Workers Compensation Rules 1938*, schedule 1. Under amendments made by the *Legislation (Consequential Amendments) Act 2001*, the form was omitted from the rules and became a form approved under the rules, rule 89 (see amdt 1.2805, amdt 1.2807).
- 2 This republication includes amendments made under the *Legislation Act 2001*, part 11.3 (Editorial changes).

© Australian Capital Territory 2002