



# Medical Certificate

For ACT Workers Compensation Claims - to be completed by a Doctor

AF2002-91

Workers Compensation Act 1951-Form 1

Injured Person

Injured person's surname/family name

Given Names

Date of birth

Date of injury

Date of initial assessment

Please complete the following four categories, with reference to clinical examination, any investigations, and approved medical guidelines or clinically relevant research.

Description of Injury/  
Aetiology

Is the injury/disease consistent with the aetiology described by the patient?  Yes  No

Diagnosis

Prognosis

Treatment

Note: If this is not the first certificate it is not necessary to complete the above four categories, unless any change has taken place. If there is any change in the four categories in relation to the patient, please state the changes with reference to approved medical guidelines, clinically relevant research and examination or investigations.

Does the aetiology or diagnosis suggest a pre-existing condition or aggravation of pre-existing condition?

Do you consider the person's employment to be a substantial contributing factor to the injury?  Yes  No

## PROPOSED TREATMENT PLAN

Treatment likely to be required:  Nil  Short term (<6 weeks)  Medium term (6-12 weeks)  Long term (>12 weeks)

Referred to	Type	Name of person	Phone/contact details
<input type="checkbox"/> Specialist			
<input type="checkbox"/> Therapy			
<input type="checkbox"/> Other			

Will the patient be incapacitated for work for a continuous period of longer than 7 days?  Yes  No  
If 'Yes' a rehabilitation service will automatically be provided for the patient.

Please indicate the patient's fitness for work.

Fit to resume normal duties on  /  /   Fit for modified or other duties on  /  /

Unfit for work from  /  /  Date of Next medical assessment  /  /

Medical Practitioner's Information

Name (please print)

Professional qualification

Provider number

Practice name and address/hospital name

Telephone number

I declare that: I am registered medical practitioner; to the best of my knowledge the information provided here is true and correct; and I am prepared to be my patient's treating doctor for the purposes of the *Workers Compensation Act 1951*.

Signature

Date