

WORKCOVER MEDICAL CERTIFICATE

Notes to Assist in Completing the WorkCover Medical Certificate

Sections in Italics need only be completed on the Initial Certificate.

Three copies are provided: 1 for employer, 1 for worker and 1 for Medical Practitioner.

Section 1 - Worker Details

May be completed by the worker or the Practice Manager. Most of the information in this section need not be completed on progress certificates, unless any of the details change.

Section 2 - Medical Certification

Work is a Substantial Contributing Factor

You are asked to provide your opinion as to whether you consider the worker's medical condition could have resulted from the incident as reported by the worker. You are not asked to make a liability decision but should consider whether the medical condition of the worker is consistent with the circumstances as described by the worker.

If you are unclear about the contribution of work to the injury or illness, then tick the box "unknown".

Management Plan

This includes diagnostic investigations, specialist referral, treatment services and accredited rehabilitation provider referral. The information you provide enables the insurer to know what services are required and what invoices to expect. Services that are outside of your management plan may not be paid for by the insurer. It is also important that you monitor and review the effectiveness of any treatment you arrange.



Section 3 - Fitness for Work

Fit for Suitable Duties

Suitable duties are duties that are different from the worker's usual pre-injury duties and/or hours of work. If a worker is unable to return to the pre-injury job but is capable of doing some work tasks, you should certify the worker as fit for suitable duties for a specified period.

Your certification enables the employer to make an offer of suitable employment. The availability of such employment does not affect your certification. It is the responsibility of the employer to try to identify duties in accordance with the medical certificate.

You are encouraged to contact the employer to discuss the availability of suitable duties. Alternatively, you may refer the worker to an accredited rehabilitation provider, who can conduct a workplace assessment to determine whether or not suitable duties can be identified. The worker's fitness for work must be regularly reviewed, to ensure that work duties continue to match the level of fitness.

Capabilities should be specified for all injured workers who are certified as fit to return to work on suitable duties, including the number of hours and the days that work can be performed.

Maximum Medical Improvement on Completion of Treatment

If there is unlikely to be any further improvement in the worker's condition, certifying "fit for permanently modified duties" is appropriate. This should only be done on the final certificate.

Section 4 - Medical Practitioner's Details

This section includes a space for the medical practitioner's stamp.

Your agreement to be the nominated treating doctor means that you will communicate with all relevant parties, to manage the injured worker's return to work.

Section 5 - Injured Worker Signature

The injured worker must sign this section of the form, to enable all relevant parties to communicate about the worker's injury and workers compensation claim. This section has been developed to meet the requirements of the Privacy Amendment (Private Sector) Act 2000 and related legislation.

After signing the medical certificate, you should encourage the worker to give it to the employer without delay.

For further information, please call the doctor's hotline at WorkCover on 1800 66 11 11.