

WorkCover NSW – certificate of capacity

Please ensure all sections are completed. Tick if this is the initial certificate for this claim

PART A – MAY BE COMPLETED BY PATIENT

Patient's first name

Last name

Date of birth (DD/MM/YYYY)

Patient's address

Claim number

Medicare number

Shaded areas to be completed for initial certificates only

[Redacted area]

PART B – TO BE COMPLETED BY NOMINATED TREATING DOCTOR OR TREATING SPECIALIST MEDICAL PRACTITIONER

MEDICAL CERTIFICATION

[Redacted area]

Employer's name and contact details

I consent to my treating medical practitioner, my employer, the insurer, other treating practitioners, workplace

[Redacted area]



Claimant name

Claim number

MANAGEMENT PLAN FOR THIS PERIOD

Treatment/medication _____

CAPACITY FOR EMPLOYMENT (Please consider the health benefits of work when completing this section)

Do you require a copy of the position description/work duties? Yes No

Patient:

is fit for pre-injury duties _____

capacity for some type of employment from _____

_____ Yes No _____

REFERRED TO ANOTHER HEALTH CARE PROVIDER (provide details of specialist services) _____

TREATING MEDICAL PRACTITIONER DETAILS

Specialist if you agree to be the nominated treating doctor for the nominated period of time _____

WorkCover NSW – certificate of capacity

THIS FORM IS TO BE COMPLETED BY THE WORKER PRIOR TO SENDING TO THE EMPLOYER OR INCLUDING WITH A

[REDACTED]

WORKER DECLARATION

Worker's first name _____ Last name _____

Date of birth (DD/MM/YYYY) _____

Worker's address _____

Claim number _____

have have not (tick appropriate box)

engaged in any form of paid employment, self employment or voluntary work for which I have received or am entitled to

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

involve the nominated treating doctor/treating specialist)

I declare that the details I have given on this declaration are true and correct knowing that false declarations are

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

