

Purpose

The purpose of this publication is to help the primary treating medical practitioner accurately and consistently complete the Initial and Continuing/Final workers compensation medical certificates and builds on the existing explanatory notes that accompany medical certificates.

Context

To make a claim for compensation, section 34 of the *Workers Rehabilitation and Compensation Act 1988* (the Act) requires an injured worker to obtain a workers compensation medical certificate from a medical practitioner.

The WorkCover Tasmania workers compensation medical certificate has been designed to establish a worker's capacity for work, expedite their return to work, and reduce the need for the insurer or employer to request medical reports.

Medical certificates are based on evidence and professional medical opinion, and must not be used to advocate for or against industrial or legal matters.

Completing the workers compensation medical certificate

Completing the medical certificate is the single most important administrative matter in getting the return to work process off to a good start. The medical certificate conveys crucial information to all relevant parties so that informed decisions can be made to help the injured worker to return to work quickly, safely and durably.

Medical certificates that are not completed fully, accurately, clearly or legibly can result in:

- a worker's claim being rejected or deferred, which may cause considerable financial hardship to the worker due to delays in payment of benefits
- an increased risk of re-injury or delayed recovery to the worker as suitable duties, may not be provided.

Medical certificates may be completed electronically using an electronic template provided by General Practice South; or by hand using printed pads provided by WorkCover Tasmania. The information contained in this guideline applies to both formats.

Requirements

The primary treating medical practitioner must complete each relevant section of the certificates.

Meeting the requirements

The following information is to be read in conjunction with the Initial and Continuing/Final workers compensation medical certificates (refer to Appendices A and B respectively).

In this publication:

- 'medical practitioner' includes a medical practitioner as defined under the Act
- 'medical practitioner' includes a primary treating medical practitioner as defined under the Act
- 'Item' refers to the section and associated fields of the medical certificate
- 'Purpose' provides clarification as to the type of information required
- 'How to...' refers to the standard of information that should be provided
- 'Common Errors' provides examples of the type of information/responses that should NOT be provided.

Please note

This information is for guidance only and is not to be taken as an expression of the law. It should be read in conjunction with the *Workers Rehabilitation and Compensation Act 1988*, the *Workers Rehabilitation and Compensation Regulations 2011* and any other relevant legislation. The legislation is available on the Internet at www.thelaw.tas.gov.au

This publication was produced by staff from WorkCover Tasmania. We welcome your feedback on this document. Send to: workcover@justice.tas.gov.au

Initial workers compensation medical certificate

| Item | Purpose | How to... | Common Errors |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Introduction | | | |
| Initial certificate | This certificate identifies the first time the injured worker has required certification. Under the Act, an Initial certificate validates a new workers compensation claim | Use the Initial workers compensation medical certificate only at the first consultation. This certificate can also be used as a clearance certificate where the worker's injury is minor and no further intervention is required | Using Continuing/Final workers compensation medical certificate at the first consultation Using old Form 1 or Form 2 certificates |
| Certificate is in triplicate Insurer – Purple copy Worker – Brown copy Medical Practitioner – Green copy | The medical certificate is in triplicate, as a copy needs to go to three parties: The Insurer - to help in claims and injury management The Worker - so they are aware of their work capacity The Medical Practitioner - as it forms part of the patient's file and can be referred to at future consultations, which can help in injury management and progress | Keep the Green copy for your files. Place the Purple and Brown copy into the envelope provided by WorkCover Tasmania and give to the injured worker to take back to the workplace. This envelope has important information for the worker on how to make a claim for workers compensation. | Not providing a copy to the relevant party Not using provided envelopes |
| Completing the sections legibly, accurately, appropriately and completely | Claims processes and injury recovery may be delayed if information is illegible, difficult to decipher or incomplete | Review the certificate to ensure all required fields are completed Write legibly Don't use uncommon abbreviations Use the spell checker if using the electronic version | Incomplete fields Illegible handwriting Using uncommon abbreviations: eg PID (Pre Injury Duties) Spelling errors |
| Section 1 | | | |
| Instructions | | | |
| Initial medical certificate Completion | Basic instructions on when to use, and how to complete, the medical certificate | Read and follow instructions | Not reading and/or not following instructions |
| Section 2 | | | |
| Worker's Name | | | |
| Worker's Name | To identify which injured worker the certificate relates to | Complete the injured worker's full name | Incomplete name: eg C Smith rather than Charles William Smith Spelling errors Incorrect name |
| Section 3 | | | |
| Employer's Name | | | |
| Employer's Name | To identify which employer the injured worker works for. This can help in managing claims with injured workers of the same name | Complete the employer's name | Incomplete name Spelling errors Incorrect name |

| Item | Purpose | How to... | Common Errors |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Section 4 | Medical Assessment | | |
| Date Examined | To identify the date the injured worker was examined by the medical practitioner | Indicate the date of examination | Indicating a date that was not the date of examination: eg the date of injury, the date the certificate was completed Backdating certificates |
| Presenting Symptoms | To identify the symptoms that the injured worker presented with. This can give an indication of the nature and severity of the injury | Indicate the symptoms that relate to the injury such as pain (location, severity) and neurological symptoms (pins/needles, numbness) | Indicating a diagnosis instead of symptoms: eg 'L5 radiculopathy' rather than 'low back pain, pain left lateral lower leg, pins/needles left great toe' |
| Diagnosis status | To indicate if the diagnosis is Provisional or Final. This is important in claims management as the compensable injury is a function of the diagnosis | Tick the relevant box to indicate if the diagnosis is 'Provisional', which implies that further investigation or review is required, or 'Final' | Leaving blank Ticking both |
| Diagnosis | An accurate diagnosis can help in injury management, claims management, determining liability and managing expectations | Indicate the injured worker's diagnosis. Note that this can be provisional and can be changed in subsequent certificates once the nature of the injury is further established or investigated | Indicating symptoms rather than a diagnosis Failing to provide sufficient detail: eg 'pinched nerve' instead of 'L5 radiculopathy' Vague diagnostic terms: eg 'pain', 'back pain', 'multi trauma', 'not coping', 'injury' Not specifying which body part: eg 'ankle sprain' rather than 'right ankle sprain' |
| Section 5 | Stated Cause | | |
| Cause of condition | To determine the date when the condition occurred or became evident. This can help in injury management, claims management and determining liability | Tick the relevant box and specify the date The first box is when the injury occurred due to a single, isolated event The second box is to be ticked when the condition occurred gradually or over time when the symptoms first became evident | Ticking more than one box Not specifying a correct date Specifying when symptoms worsened rather than first began or when decided to submit a claim |
| Circumstances | To determine the circumstances surrounding the condition. This may help in determining liability | Indicate the circumstances surrounding the injury or disease as stated by the injured worker It is not intended for your own opinion or thoughts on the circumstances to be stated here, only what is relayed to you by the injured worker | Not providing the injured worker's version of events Giving your opinion or thoughts surrounding the circumstances (your opinion is required in the next question) Not providing sufficient detail |
| Consistent with Stated Cause | To determine if the stated cause of the injury or disease is consistent, inconsistent or uncertain with respect to the injury or disease that is being managed. This can help with determining liability | Tick the relevant box to indicate your opinion with regards to the relationship of the stated cause by the injured worker and the presenting injury or disease. If inconsistent or uncertain, provide reasons | Failing to check a box Failing to give reasons if the cause is inconsistent or uncertain Ticking more than one box Giving the patient's opinion rather than your own |

| Item | Purpose | How to... | Common Errors |
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| Recurrence, aggravation or new injury | <p>To help in claims management, it is important to determine if the injury or disease is:</p> <p>a recurrence of a previously compensable condition. For a recurrence of an injury or disease to be compensable, the original injury or disease must have been accepted for compensation.</p> <p>A recurrence implies that there has been no new incident or contribution from the worker's employment, simply that the incapacity has again resulted from the compensable condition. The recurrence of an existing condition that has been accepted as a compensable condition can be the subject of a claim for compensation whether the recurrence occurs within the workplace or externally to the workplace</p> <p>an aggravation of an existing condition. An aggravation implies that there has been a new incident or exposure, arising out of or in the course of the worker's employment, which has caused</p> <p>an increase in the gravity of the worker's condition. Aggravation can relate to any condition, whether initially work related or not, that is made worse through a work related incident or work situation</p> <p>a new condition</p> | <p>Tick the relevant box to indicate if the injury or disease is a recurrence, an aggravation or a new condition</p> | <p>Leaving blank</p> <p>Ticking more than one box</p> <p>Omitting important information about the case such as a further incident leading to an aggravation</p> |
| Past History | <p>To determine if there is a past history of similar injury or other factors relevant to the condition. This can help in claims management and determining liability</p> | <p>Indicate if there is a past history of similar injury or if there are other factors relevant to the condition, which can include family history and co-morbidities</p> | <p>Leaving blank when there is a relevant past history</p> <p>Insufficient information: eg 'back pain' rather than 'low back pain 4 years ago that fully resolved after 6 weeks' or 'intermittent low back pain past 6 years that lasts for 3 days, with last episode being 8 months ago'</p> |
| Section 6 | Workplace Contact | | |
| Contact with the workplace | <p>To determine if there has been contact with the workplace to discuss management and/or restrictions. Communication between the injured worker, the employer and the treating medical practitioner can improve return to work and health outcomes</p> | <p>Tick the relevant box to indicate if there has been contact with the employer</p> <p>If there has been contact, indicate who was contacted and the date of contact</p> | <p>Leaving blank</p> <p>Not contacting the workplace when appropriate. Common reasons to call the workplace include discussing suitable duties, confirming compliance with certified restrictions and requesting assistance such as help with transport</p> |
| Section 7 | Capacity to Work | | |
| Instruction | <p>Reminder that communication is recommended and that work capacity is a function of the injured workers abilities irrespective of the availability of suitable duties in the workplace</p> | <p>Consider the instructions and make contact with the employer when appropriate</p> <p>Certify capacity based on your professional opinion of what the injured worker can, can't, and shouldn't do, rather than as a function of what may, or may not, be available at the workplace or what the injured worker may request</p> | <p>Not considering the instructions, and therefore:</p> <ul style="list-style-type: none"> - not contacting the workplace when appropriate - certifying capacity based on assumptions of what may, or may not, be available at the workplaces: eg assume no light work available and therefore certifying unfit for any duties |

| Item | Purpose | How to... | Common Errors |
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| Capacity for work | To determine the injured worker's work capacity to facilitate optimal recovery of the injury or condition. An early, safe and durable return to work can improve health outcomes | <p>Tick one of the 5 boxes to indicate the injured worker's work capacity</p> <p>If fit for suitable duties, indicate dates (up to 28 days) and relevant restrictions based on what the injured worker can do, can't do and shouldn't do</p> <p>Statements about capacity for specific tasks/duties may be made only where a good knowledge of workplace tasks exists</p> <p>If incapacitated for any work, indicate dates (up to 28 days). This should only be used when there is no functional capacity and it is medically necessary that the injured worker stay at home or in hospital due to the severity of the injury (see certifying information at www.workcover.tas.gov.au)</p> | <p>Ticking more than one of the 5 boxes</p> <p>Using incorrect dates:</p> <ul style="list-style-type: none"> - eg dates overlap with previous certification period - eg 30/02/10 (February does not have 30 days) <p>Putting longer than 28 days, without providing reasons why in the box provided</p> <p>Providing restrictions that are difficult to implement or may result in the injured worker under taking tasks that may not be suitable:</p> <ul style="list-style-type: none"> eg 'light duties only', 'no work on checkout' <p>Indicating 'incapacitated for any work' when it is not medically necessary and when the injured worker has some functional capacity: eg an injured worker with a right shoulder strain deemed incapacitated for any work when they actually do have some capacity. With appropriate restrictions such as 'no use of the right upper extremity' or 'no overhead activities' suitable duties may be found in the workplace</p> <p>Certifying based on what is available or required at the workplace rather than your professional opinion</p> |
| Certificate dates greater than 28 days | To determine why the medical certificate dates are beyond the recommended maximum time frame of 28 days. This can help in injury and claims management, and is a legal requirement | Provide a reasonable medical explanation for why the period of reduced capacity is greater than 28 days: eg patient will be hospitalised for a period of at least 2 weeks | <p>Leaving blank when reduced capacity is certified for greater than 28 days</p> <p>Listing reasons that don't relate to the compensable injury: eg medical practitioner or patient going on holidays for 3 weeks</p> |
| Cessation of incapacity | To determine when the injured worker has ceased incapacity related to the injury or condition and can therefore resume normal work tasks | Tick this box and specify a date if you are able to determine when the injured worker will cease to have reduced work capacity | <p>Ticking the box and not specifying a date</p> <p>Indicating a date that conflicts with dates specified in the dates of reduced capacity as previously noted: eg fit for suitable duties to 28/03/10 but indicating 25/03/10 in this section</p> |
| Section 8 | Medical Management | | |
| Consulting other health care professionals | To determine if there are other health care professionals participating in the management of the case, as this can help with injury and claims management | <p>Tick the box to indicate if there are other health care professionals participating in the management of the case.</p> <p>If 'Yes', indicate the health care professional's name and type: eg orthopaedic surgeon, physiotherapist, psychologist</p> | <p>Leaving blank</p> <p>Not providing adequate details if 'Yes'</p> |
| Treatment/medication/investigations | To determine what treatment, medication, and investigation are required to manage the injury or condition. This can help with injury and claims management | Indicate what treatment, medication and investigations are required to manage the injury or condition | <p>Leaving blank</p> <p>Not providing complete or adequate information: eg writing 'scans' rather than 'MRI left shoulder'</p> <p>Using unknown abbreviations</p> |
| Referral | To determine if the injured worker has been referred to another health care professional or for investigations. This can help with injury and claims management | Provide details, including name and type of service, of the medical or allied health professional you have referred the injured worker to | <p>Leaving blank when referrals have been made</p> <p>Incomplete information: eg 'ortho' instead of 'Dr Jane Smith (orthopaedic surgeon)' or 'allied health' instead of 'Mr Harry Jones (physiotherapist)'</p> |

| Item | Purpose | How to... | Common Errors |
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| Further review | To determine if and when the injured worker will be reviewed again by the accredited medical practitioner | Tick the relevant box to indicate if you will review the injured worker again If 'Yes', specify the date of review If 'No', you are indicating that the injury is minor and no further intervention is required | Leaving blank Not specifying a date if 'Yes' Date specified does not fit within the period of reduced capacity specified in Section 7: eg certified fit for suitable duties to 28/03/10 but will review on 04/04/10, therefore leaving a period of no certified capacity |
| Section 9 | | | |
| Signature | | | |
| Worker's Signature | To indicate that the worker gives consent for the medical practitioner to contact and discuss the matters in the certificate with relevant parties, specifically the employer and/or the agent of the employer | Have the injured worker sign this section, including the date it was signed | Leaving blank Not getting a signature could indicate that the injured worker has not given consent for the medical practitioner to discuss the case with the employer and/or the agent of the employer; and could delay communication and impede other parties in helping in an early return to work Not providing a date |
| Medical Practitioner's Signature | Only medical practitioners are able to use the medical certificates | Sign the form and indicate the date it was signed | Leaving blank Backdating when the certificate was signed |
| Section 10 | | | |
| Practitioner Details | | | |
| Medical Practitioner Details | To indicate the contact details of the medical practitioner. This can help with injury and claims management | Complete all fields Can use a Clinic Stamp Must include phone number | Leaving blank |

Continuing/Final workers compensation medical certificate

| Item | Purpose | How to... | Common Errors |
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| Introduction | | | |
| Continuing/Final certificate | This certificate identifies that the injured worker has had an initial certificate and that they require a Continuing or Final certificate. Under the Act, a Continuing/Final certificate supports an ongoing entitlement to workers compensation | Use the Continuing/Final workers compensation medical certificate for all visits subsequent to an initial consultation. This certificate can also be used as a final certificate when no further medical review is required | Using Initial workers compensation medical certificate at subsequent visits Using old Form 1 or Form 2 certificates |
| Certificate is in triplicate Insurer – Black copy Worker – Brown copy Medical Practitioner – Green copy | The medical certificate is in triplicate as a copy needs to go to three parties: –The Insurer - to help in claims and injury management –The Worker - so they are aware of their work capacity –The Medical Practitioner - as it forms part of the patients file and can be referred to at future consultations, which can help in injury management and progress | Keep the Green copy for your files Place the Black and Brown copy into the envelope provided by WorkCover Tasmania and give to the injured worker to take back to the workplace | Not providing a copy to the relevant party Not using provided envelopes |
| Completing the sections legibly, accurately, appropriately and completely | Claims processes and injury recovery may be delayed if information is illegible, difficult to decipher or incomplete | Review the certificate to ensure all required fields are completed Write legibly Don't use uncommon abbreviations Use the spell checker if using the electronic version | Incomplete fields Illegible handwriting Using uncommon abbreviations: eg PID (Pre Injury Duties) Spelling errors |
| Section 1 | | | |
| Instructions | | | |
| Continuing/Final medical certificate Completion | Basic instructions on when to use, and how to complete, the medical certificate | Read and follow instructions | Not reading and/or not following instructions |
| Section 2 | | | |
| Worker's Name | | | |
| Worker's Name | To identify which injured worker the certificate relates to | Complete the injured worker's full name | Incomplete name: eg C Smith rather than Charles William Smith Spelling errors Incorrect name |
| Section 3 | | | |
| Employer's Name | | | |
| Employer's Name | To identify which employer the injured worker works for. This can help in managing claims with injured workers of the same name | Complete the employer's name | Incomplete name Spelling errors Incorrect name |

| Item | Purpose | How to... | Common Errors |
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| Section 4 | Medical Assessment | | |
| Date Examined | To identify the date the injured worker was examined by the medical practitioner | Indicate the date of examination | Indicating a date that was not the date of examination: eg the date of injury, the date the certificate was completed Backdating certificates |
| Current Symptoms | To identify the current symptoms that the injured worker presented with. This can give an indication of the nature and severity of the injury | Indicate the symptoms that relate to the injury such as pain (location, severity) and neurological symptoms (pins/needles, numbness) | Indicating a diagnosis instead of symptoms: eg 'L5 radiculopathy' rather than 'low back pain, pain left lateral lower leg, pins/needles left great toe' Not specifying if symptoms unchanged from previous certificate and stating 'as before' or 'as previous' |
| Current Diagnosis | An accurate diagnosis can help in injury management, claims management, determining liability and managing expectations | Indicate the injured worker's diagnosis. Note that this can be provisional and can be changed in subsequent certificates once the nature of the injury is further established or investigated | Indicating symptoms rather than a diagnosis Not specifying if diagnosis unchanged from previous certificate and stating 'as before' or 'as previous' Not providing sufficient detail: eg 'pinched nerve' instead of 'L5 radiculopathy' Using vague diagnostic terms: eg 'pain', 'back pain', 'multi trauma', 'not coping', 'injury' Not specifying which body part: eg 'ankle sprain' rather than 'right ankle sprain' |
| Change in Diagnosis Check Box | To indicate if the diagnosis has changed from previous certificates | Tick the relevant box, indicating 'Yes' if the diagnosis has changed or 'No' if the diagnosis has not changed | Leaving blank Ticking both |
| Change in Diagnosis Details | To provide details if diagnosis has changed from previous certificates | If there has been a change in diagnosis, provide information as to why this has occurred | Leaving blank Not providing sufficient detail Using vague information: eg 'had further tests' instead of 'fractured right radius identified on X-Ray' |
| Section 5 | Workplace Contact | | |
| Contact with the workplace | To determine if there has been contact with the workplace to discuss management and/or restrictions. Communication between the injured worker, the employer and the treating medical practitioner can improve return to work and health outcomes | Tick the relevant box to indicate if there has been contact with the employer. If there has been contact, indicate who was contacted and the date of contact | Leaving blanks Not contacting the workplace when appropriate. Common reasons to call the workplace include discussing suitable duties, confirming compliance with certified restrictions and requesting assistance such as help with transport |
| Section 6 | Capacity to Work | | |
| Instruction | Reminder that communication is recommended and that work capacity is a function of the injured workers abilities irrespective of the availability of suitable duties in the workplace | Consider the instructions and make contact with the employer when appropriate Certify capacity based on your professional opinion of what the injured worker can, can't, and shouldn't do, rather than as a function of what may, or may not, be available at the workplace or what the injured worker may request | Failing to consider the instructions. and therefore - not contacting the workplace when appropriate - certifying capacity based on assumptions of what may, or may not, be available at the workplaces |

| Item | Purpose | How to... | Common Errors |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Capacity for work | To determine the injured worker's work capacity to facilitate optimal recovery of the injury or condition. An early, safe and durable return to work can improve health outcomes | <p>Tick one of the 5 boxes to indicate the injured worker's work capacity</p> <p>If fit for suitable duties, indicate dates (up to 28 days) and relevant restrictions in Section 7 based on what the injured worker can do, can't do and shouldn't do</p> <p>If incapacitated for any work, indicate dates (up to 28 days). This should only be used when there is no functional capacity and it is medically necessary that the injured worker stay at home or in hospital due to the severity of the injury (Refer to certifying information at www.workcover.tas.gov.au)</p> | <p>Ticking more than one of the 5 boxes</p> <p>Providing incorrect dates</p> <p>Using incorrect dates:</p> <ul style="list-style-type: none"> - eg dates overlap with previous certification period - eg 30/02/10 (February does not have 30 days) <p>Putting longer than 28 days, without providing reasons why in the provided box</p> <p>Indicating 'incapacitated for any work' when it is not medically necessary and when the injured worker has some functional capacity: eg an injured worker with a right shoulder strain deemed incapacitated for any work when they actually do have some capacity. With appropriate restrictions such as 'no use of the right upper extremity' or 'no overhead activities' suitable duties may be found in the workplace</p> <p>Certifying based on what is available or required at the workplace rather than your professional opinion</p> |
| Certificate dates greater than 28 days | To determine why the medical certificate dates are beyond the recommended maximum time frame of 28 days. This can help in injury and claims management, and is a legal requirement. | Provide a reasonable medical explanation for why the period of reduced capacity is greater than 28 days: eg patient will be hospitalised for a period of at least 2 weeks | <p>Leaving blank when reduced capacity is certified for greater than 28 days</p> <p>Listing reasons that don't relate to the compensable injury: eg medical practitioner or patient going on holidays for 3 weeks</p> <p>Stating 'as before' or 'as previous' where the reason has not changed from the previous certificate</p> |
| Cessation of incapacity | To determine when the injured worker has ceased incapacity related to the injury or condition and can therefore resume normal work tasks | Tick this box and specify a date If you are able to determine when the injured worker will cease to have reduced work capacity | <p>Ticking the box and not specifying a date</p> <p>Indicating a date that conflicts with dates specified in the dates of reduced capacity as previously noted: eg fit for suitable duties to 28/03/10 but indicate 25/03/10 in this section</p> |
| Fit for ongoing suitable duties | To determine when the injured worker's condition has stabilised, has returned to suitable duties, but will not return to pre-injury duties | Provide the date when ongoing suitable duties will begin | Ticking the box and not specifying a date |
| Permanent duties | To determine if the duties are permanent i.e. there is a need for permanent restriction on work tasks as a result of the injury | Tick the relevant box to indicate if the duties are to be provided by the employer on a permanent basis | <p>Not ticking a box</p> <p>Ticking both boxes</p> <p>Ticking box when the condition has not fully stabilised and there is the potential for improvement and increased work capacity</p> |

| Item | Purpose | How to... | Common Errors |
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| Section 7 | Return to Work | | |
| Work Hours | To determine the hours of work the injured worker has the capacity to work. This will help the injured worker and the employer in developing an appropriate return to work plan | Tick the relevant boxes to indicate if the injured worker can work full time/pre-injury hours If the worker is not able to work full time/pre-injury hours, indicate if there will be a graduated increase in work hours If there will be a graduated increase in hours, complete the table to indicate a progression of hours indicating hours per day, days per week and which week it relates to | Not ticking a box Ticking both boxes for each category Incorrectly completing table Leaving blanks Putting hours/days that are not relevant to the injured worker e.g. work 8 hours per day, when pre-injury hours were 6 hours per day |
| Rest Breaks | To determine if rest breaks are required | Tick the relevant box to indicate if rest breaks are required. If 'Yes', indicate how many minutes of rest break each hour(s): eg 10 minutes every 2 hours | Not ticking a box Ticking both boxes Failing to complete rest break time if 'Yes' |
| Area of reduced capacity – Check Boxes | To determine the injured worker's area of reduced capacity | For each category, tick 'Yes' or 'No' to indicate whether the injured worker has reduced capacity in that area | Not ticking a box Ticking both boxes in each category |
| Area of reduced capacity – Comments | To determine the injured worker's area of reduced capacity | If 'Yes', provide further information, considering forces, repetition, sustained postures, frequency and duration Statements about capacity for specific tasks/duties may be made only where a good knowledge of workplace tasks exists If there is a need for a rehabilitation provider to be appointed or for other specific workplace/rehabilitation services this may also be indicated here | Not specifying restrictions if unchanged from previous certificate and stating 'as before' or 'as previous' Leaving blank when a 'Yes' category is ticked in the section above Making restrictions that are difficult to implement or may result in the injured worker under taking tasks that may not be suitable: eg 'light duties only', 'no work on checkout' Marking a category as 'Yes' when it is not necessarily the case: eg indicating a 'Yes' to 'sitting' when the pathology is 'right elbow lateral epicondylitis' |
| Other impediments to return to work | To determine if there are other impediments to return work such as psychological, external and/or situational factors, including transport | Tick the box to indicate if there are other impediments to return to work If 'Yes', provide details: eg worker is in dispute with management over hours of work | Not ticking a box Ticking both boxes If 'Yes', not completing Details section If 'Yes', not providing sufficient information to allow the nature of impediment to be determined or managed: eg indicating 'psychological' rather than 'fear avoidance' |
| Section 8 | Medical Management | | |
| Consulting other health care professionals | To determine if there are other health care professionals participating in the management of the case as this can help with injury and claims management | Tick the box to indicate if there are other health care professionals participating in the management of the case If 'Yes', indicate the health care professional's name and type: eg orthopaedic surgeon, physiotherapist, psychologist | Leaving blank Not providing adequate details if 'Yes' |

| Item | Purpose | How to... | Common Errors |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Treatment/medication/investigations | To determine what treatment, medication, and investigation are required to manage the injury or condition. This can help with injury and claims management | Indicate what treatment, medication and investigations are required to manage the injury or condition | Leaving blank Not providing complete or adequate information: eg indicating 'scans' rather than 'MRI left shoulder' Using unknown abbreviations |
| Referral | To determine if the injured worker has been referred to another health care professional or for investigations. This can help with injury and claims management | Provide details, including name and type of service, of the medical or allied health professional you have referred the injured worker to | Leaving blank when referrals have been made Incomplete information: eg 'ortho' instead of 'Dr Jane Smith (orthopaedic surgeon)' or 'allied health' instead of 'Mr Harry Jones (physiotherapist)' |
| Procedures | To determine if any procedures, such as surgery or invasive investigations, are likely | Tick the box to indicate if there are any procedures likely If 'Yes', detail what procedure will be under taken and indicate the date the procedure is scheduled, or when it is likely to occur | Leaving blank Not providing adequate details if 'Yes': eg indicating 'surgery' rather than 'arthroscope left knee' Not specifying date if 'Yes' |
| Further review | To determine if and when the injured worker will be reviewed again by the certifying medical practitioner | Tick the relevant box to indicate if you will review the injured worker again If 'Yes', specify the date of review If 'No', you are indicating that this is the final consultation and that the medical treatment has ceased with no further intervention required | Leaving blank No date specified if 'Yes' Date specified does not fit within the period of reduced capacity specified in Section 7: eg certified fit for suitable duties to 28/03/10 but will review on 04/04/10, therefore leaving a period of no certified capacity |
| Section 9 | Signature | | |
| Worker's Signature | To indicate that the worker gives consent for the medical practitioner to contact and discuss the matters in the certificate with relevant parties, specifically the employer and/or the agent of the employer | Have the injured worker sign this section, including the date it was signed | Leaving blank Not getting a signature could indicate that the injured worker has not given consent for the medical practitioner to discuss the case with the employer and/or the agent of the employer; and could delay communication and impede other parties in helping in an early return to work Not providing a date |
| Medical Practitioner's Signature | Only medical practitioners as defined in the Workers Rehabilitation and Compensation Act 1988 are able to use the medical certificates | Sign the form and indicate the date it was signed | Leaving blank Backdating when the certificate was signed |
| Section 10 | Practitioner Details | | |
| Medical Practitioner Details | To indicate the contact details of the medical practitioner. This can help with injury and claims management | Complete all fields Can use a Clinic Stamp Must include phone number | Leaving blank |

WORKERS COMPENSATION MEDICAL CERTIFICATE

INITIAL

For use from 1 January 2018

SAMPLE

INITIAL CERTIFICATE SECTION BY SECTION

SECTION 1 – INITIAL MEDICAL CERTIFICATE COMPLETION

Under Section 34(1)(b) of the *Workers Rehabilitation and Compensation Act 1988* an initial medical certificate validates a new workers compensation claim. An initial certificate should ONLY be completed upon the worker's **FIRST** consultation and may also be used as a clearance certificate where the worker's injury is minor and no further intervention is required (refer to Section 8).

SECTIONS 2 & 3 are self explanatory.

SECTION 4 - MEDICAL ASSESSMENT

Please differentiate between *presenting symptoms* and an actual *medical diagnosis*.

SECTION 5 - STATED CAUSE

This is a statement of how the worker stated the condition arose. The medical practitioner should simply detail the facts as relayed to them by the worker. If there are other relevant factors relating to the worker's condition, such as past medical history, they should be outlined in the comments section. Comments on external influences on the worker's condition can also be included here; for example, sports, hobbies, social activities.

Recurrence

For a recurrence of an injury or disease to be compensable, the original injury or disease must have been accepted for compensation. A recurrence implies that there has been no new incident or contribution from the worker's employment, simply that the incapacity has again resulted from the compensable condition. The recurrence of an existing condition that has been accepted as a compensable condition can be subject of a claim for compensation whether the recurrence occurs within the workplace or externally to the workplace.

Aggravation

An aggravation implies that there has been a new incident or exposure, arising out of or in the course of the worker's employment, which has caused an increase in the gravity of the worker's condition. Aggravation can relate to any condition, whether initially work related or not, that is made worse through a work related incident or work situation.

SECTION 6 – WORKPLACE CONTACT

Workplace contact initiated by the medical practitioner is encouraged. Contact with an employer can greatly improve the worker's return to work outcome, primarily through the identification of available suitable duties that may have otherwise resulted in certification of total incapacity.

SECTION 7 – CAPACITY TO WORK

Where the worker is incapacitated for any work, that is, unable to do any work of any kind, certification should only be granted up to a maximum of 28 days. In circumstances where certification for more than 28 days is required, the medical practitioner must provide reasons to substantiate the decision, together with an appointed review date (Section 8).

Suitable Duties

Where the worker is assessed as partially incapacitated, legislation requires that the employer provides suitable duties.

Suitable duties may include:

- changes or restrictions to a worker's pre-injury duties to allow them to return to work and/or
- different duties from those performed by the worker prior to the injury or disease.

Restrictions

When a worker is deemed fit to return to suitable duties, restrictions assist to outline any limitations and/or accommodation issues that exist upon the worker's return to work. Restrictions safeguard the worker and ensure that planned return to work processes are appropriate and do not put the worker at risk of re-injury.

In circumstances where restrictions are more complex, it is advisable that the medical practitioner contacts the employer to provide a comprehensive explanation of the worker's functional capacity so that it is clearly understood.

Details of any permanent restrictions that may have resulted are also to be included.

SECTION 8 – MEDICAL MANAGEMENT

To assist in the management of the worker's injury, details concerning proposed treatment (including referral to other service providers) are to be supplied, including the name of the service provider as well as the type of service that is to be provided.

It is important that medical information is shared between treating providers, no matter what their level of involvement, to ensure they are fully aware of all the medical information important to the worker's medical management.

The last part of this section is completed to indicate when, or if, the worker's condition needs to be reviewed.

SECTION 9 – SIGNATURES

The worker is asked to give their consent for the medical practitioner to contact the employer and to the dissemination of information on the claim form. This allows the employer and the insurer to gather relevant information on the claim.

The certificate should carry the date that it is actually signed by the worker and the medical practitioner, even if the visit was on another day (that will be indicated by the date of examination in Section 4).

For the purpose of this form:

- a 'medical practitioner', as defined under the *Workers Rehabilitation and Compensation Act 1988*, means –
 - (a) a person registered under the Health Practitioner Regulation National Law in the medical profession; and
 - (b) a person who is authorised under a law of another country to carry out all of the functions in respect of which the person would, if they were carried out in Australia, be required to be registered under the Health Practitioner Regulation National Law in the medical profession
- reference to a 'medical practitioner' includes a 'primary treating medical practitioner' as defined under the *Workers Rehabilitation and Compensation Act 1988*

Please note:

Once all sections of the certificate have been completed, please ensure that the worker's copy is placed inside the envelope provided by WorkCover Tasmania.

Incomplete certificates can result in a worker's claim being rejected or deferred and consequently may cause considerable financial hardship to the worker due to delays in payment of benefits.

WORKERS COMPENSATION MEDICAL CERTIFICATE

CONTINUING/FINAL

For use from 1 January 2018

SAMPLE

CONTINUING/FINAL CERTIFICATE SECTION BY SECTION

The medical practitioner usually has continued contact with the injured worker throughout the injury management process; provides important information (such as certification of incapacity, work restrictions, diagnosis, treatment); and can play a key role in the cooperation between the injured worker, the employer and the insurer.

A medical practitioner's responsibilities include:

- completing workers compensation medical certificates
- providing diagnosis, primary care and coordination of medical treatment (including referral to and coordination of specialist care as appropriate)
- monitoring, reviewing and advising on the injured worker's condition and treatment
- specifying work restrictions and advising on suitability of duties offered by the employer
- participating in the development of Injury Management Plans and Return to Work Plans.

This certificate has been designed to establish a worker's capacity for work, expedite their return to work, and reduce the need for the insurer or employer to request medical reports.

SECTION 1 – CONTINUING/FINAL MEDICAL CERTIFICATE COMPLETION

Under Section 69(1) of the *Workers Rehabilitation and Compensation Act 1988* a continuing/final medical certificate supports an ongoing entitlement to workers compensation. A continuing/final certificate should ONLY be completed upon visits **SUBSEQUENT** to the worker's initial consultation.

SECTIONS 2 TO 4 are self explanatory.

SECTION 5 – WORKPLACE CONTACT

Workplace contact initiated by the medical practitioner is encouraged. Contact with an employer can greatly improve the worker's return to work outcome, primarily through the identification of available suitable duties that may have otherwise resulted in certification of total incapacity.

SECTION 6 – CAPACITY TO WORK

Where the worker is incapacitated for any work, that is, unable to do work of any kind, certification should only be granted up to a maximum of 28 days. In circumstances where certification for more than 28 days is required, the medical practitioner must provide reasons to substantiate the decision, together with an appointed review date (Section 8).

Suitable Duties

Where the worker is assessed as partially incapacitated, legislation requires that the employer provides suitable duties.

Suitable duties may include:

- changes or restrictions to a worker's pre-injury duties to allow them to return to work and/or
- different duties from those performed by the worker prior to the injury or disease.

SECTION 7 – RETURN TO WORK

This section is designed to assist the employer in the planning of return to work processes by ensuring that any duties identified are consistent with medical opinion and are not detrimental to the worker's recovery.

Restrictions

When a worker is deemed fit to return to suitable duties, restrictions assist to outline any limitations and/or accommodation issues that exist upon the worker's return to work. Restrictions safeguard the worker and ensure that planned return to work processes are appropriate and do not put the worker at risk of re-injury.

In circumstances where restrictions are more complex, it is advisable that the medical practitioner contacts the employer to provide a comprehensive explanation of the worker's functional capacity so that it is clearly understood.

Details of any permanent restrictions that may have resulted are also to be included.

SECTION 8 – MEDICAL MANAGEMENT

To assist in the management of the worker's injury, details concerning proposed treatment (including referral to other service providers) are to be supplied, including the name of the service provider as well as the type of service that is to be provided.

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SECTION 9 – SIGNATURES

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Please note: Incomplete certificates can result in a worker's claim being rejected or deferred and consequently may cause considerable financial hardship to the worker due to delays in payment of benefits.

Black – Insurer's copy
Brown – Worker's copy
Green – Doctor's copy

CONTINUING/FINAL Workers Compensation Medical Certificate

Section 69(1) of the Workers Rehabilitation and Compensation Act 1988



1. Continuing/Final Medical Certificate Completion

This form is to be completed for all visits subsequent to an initial consultation
If it is the patient's FIRST consultation an INITIAL Workers Compensation Medical Certificate must be completed
All sections of this form must be completed unless stated otherwise

2. Worker's Name

3. Employer's Name

4. Medical Assessment

I examined the above worker on

Current symptoms:

Current diagnosis:

Has the diagnosis changed? YES NO

If yes provide details:

5. Workplace Contact

Has the workplace/employer been contacted to discuss management and/or restrictions?

YES NO
Workplace Contact Date

6. Capacity to Work

Prior to determining work capacity it is recommended that the worker's employer/workplace is contacted (refer above)
Note: Capacity is determined by the medical practitioner's assessment not by the availability of work in the workplace

I consider the worker:

Requires further treatment but is fit for pre-injury duties (proceed to 8)

Is fit for suitable duties (Refer to explanatory notes on cover for definition)

from to

(proceed to 7)

Will be incapacitated for any work

from to

If greater than 28 days give reasons together with an appointed review date at Section 8:

Will cease to be incapacitated for work on (proceed to 9)

Is fit for ongoing suitable duties from

Are duties permanent? YES NO (proceed to 7)

7. Return to Work

Full-time YES NO

Graduated YES NO

| | | |
|---------------|--------------------------------------------------------|--------------------------------------------------------|
| (insert week) | Week <input type="text"/> to Week <input type="text"/> | Week <input type="text"/> to Week <input type="text"/> |
| Hours/Day | <input type="text"/> | <input type="text"/> |
| Days/Week | <input type="text"/> | <input type="text"/> |

7. Return to Work Continued

Are rest breaks required?

YES mins every hr(s) NO

Please indicate areas of reduced capacity:

Use arm(s) YES NO

Elevate arm(s) YES NO

Lift weight YES NO

Bend/squat/twist YES NO

Pull/push YES NO

Climb YES NO

Sit YES NO

Stand YES NO

Drive/operate machinery YES NO

Use public transport YES NO

Other YES NO

Comments: (if YES comment on restrictions e.g. capacity for repetitive actions)

Are there any other impediments to return to work?

(eg: psychological, external factors or assistance to be provided)

YES Details:
 NO

8. Medical Management

Has the worker consulted any other health professionals regarding these symptoms?

YES Details:
 NO

Treatment/medication/investigations:

I have referred the worker to (usual GP/other health professionals)

Name of provider:

Details:

Is any procedure likely?

YES Details:

NO Date procedure scheduled

I wish to review the worker

YES On

NO Medical treatment has ceased and no further intervention is required (final consultation)

9. Signatures

Worker's consent to contact and discuss matters in this certificate with employer, including any agent of the employer:

Signature:
Date

Medical Practitioner

Signature:
Date

10. Medical Practitioner Details

Name:
Address:
Phone: Fax:
GP/Specialty: Provider No: