Form 86.R
Version 5

Queensland workers' compensation medical certificate

Workers' Compensation and Rehabilitation Act 2003

Parts A and E of this medical certificate comprise an approved form under the *Workers' Compensation and Rehabilitation Act 2003*.

INSTRUCTIONS: Tick if applicable, and fill in the information as requested.

☐ New claim Claim number:

Part A - Worker's details

I certify that on DD / MM / YYYY I attended to (given names) _____

(surname) _____ Date of birth DD / MM / YYYY

Worker's daytime contact phone number: _____

Worker's employer name: _____

The worker is/was suffering from *(list all medical diagnoses relevant to the claim)*:

Diagnosis: _____

☐ This is a provisional diagnosis **(if provisional complete Part B)**

Worker was first seen at this practice/hospital for this injury/disease on: DD / MM / YYYY

Worker stated date of injury: DD / MM / YYYY

Worker's stated cause of injury *(if not previously supplied)*: _____

_____

Injury/disease is consistent with worker's description of cause: ☐ Yes ☐ Uncertain

Detail any pre-existing factors or condition aggravated by the event *(if not previously supplied)*:

_____

Worker's capacity for work (not only pre-injury duties)

Please consider the "health benefits of work" when certifying the worker's capacity.

☐ To return to normal duties from: DD / MM / YYYY

☐ For suitable duties from: DD / MM / YYYY to DD / MM / YYYY **(complete Part D)**

☐ No capability for any type of work DD / MM / YYYY to DD / MM / YYYY **(complete Part C)**

Estimated time to return to some form of work duties: _____ ☐ Days ☐ Weeks ☐ Unsure

Medical management

☐ Worker will require treatment from: DD / MM / YYYY to DD / MM / YYYY **(complete Part C)**

☐ Worker will be reviewed again on: DD / MM / YYYY

☐ No further review

Part B - Worker's details

I have ordered: ☐ Diagnostic imaging ☐ Pathology ☐ Other investigations

Details: _____

Great state. Great opportunity.

WHSQ12278

Part C - Medical management plan

Treatment: _____

Medication prescribed: _____

Referred to specialist *(speciality/name)*: _____

Referred to allied health professional *(discipline/name)*: _____

Detail *(specify)*: _____

I would like the insurer to arrange a case conference with (tick more than one if appropriate):

☐ Treating practitioner ☐ Treating Specialist ☐ Treating Allied Health ☐ Employer

☐ Employer has been contacted ☐ I would like the insurer to contact me

Further information: _____

Part D - Rehabilitation and return to work plan

☐ Approval is given for a suitable duties program with the following guidelines

	No	Occasional	Frequent	Comments
Lifting: weight limit _____ kg	☐	☐	☐	
Bending/twisting/squatting:	☐	☐	☐	
Standing/sitting:	☐	☐	☐	
Use of injured hand/arm:	☐	☐	☐	
Pushing/pulling:	☐	☐	☐	
Operating machinery/heavy vehicle:	☐	☐	☐	
Driving a car:	☐	☐	☐	

☐ Keep wound clean and dry

Other considerations *(specify)*: _____

Restricted hours/days *(specify)*: _____

☐ I require a suitable duties program to be provided to me for approval

Part E - Medical/Dental practitioner details (please print clearly or use practice or hospital stamp)

Doctor's name: _____ Practice/hospital name: _____

Postal address: _____

Preferred method of contact: ☐ Phone: _____ day(s)/time(s)

☐ Fax: _____ ☐ Email: _____

Signature: _____ Date: DD / MM / YYYY

Practice/hospital stamp here

www.qcomp.com.au

Claim enquiries:

WorkCover Queensland 1300 362 128
Self Insurance or other enquiries 1300 361 235

Under the *Workers' Compensation and Rehabilitation Act 2003* and earlier Queensland workers' compensation legislation, the workers' compensation insurer is authorised to collect the information on this form to process the claimant's application for compensation. Some or all of the information contained in this form may be disclosed to the claimant's employer, another insurer, medical or allied health providers or any other workers' compensation authority in any jurisdiction.

This form was approved by the Workers' Compensation Regulator, on 11 April 2014, pursuant to section 586 of the *Workers' Compensation and Rehabilitation Act 2003*.

Queensland Government