

Work capacity certificate – workers' compensation

Form 132M – Version 1

Workers' Compensation and Rehabilitation Act 2003

IMPORTANT INFORMATION : Work is an important part of recovery. In most cases an early return to work (or remaining at work) is beneficial for health and wellbeing. The treating practitioner's guidance increases the likelihood of positive return to work outcomes. A worker receiving continued support is three times more likely to regain their capacity to work. Consider the health benefits of work when certifying the patient's capacity.

Part A – Patient details

Name	George Costanza	Date of birth	01/02/1965
Mobile number	0 4 0 0 1 2 3 4 5 6	Claim number	01020305
Occupation (if known)	Police Officer	<input checked="" type="checkbox"/> New claim	<input type="checkbox"/> Claim is report only
	<input checked="" type="checkbox"/> Patient's employer	Qld Police Service	

Part B – Injury details

Date of examination	10/06/2020	Patient's stated date of injury	29/04/2020	Patient was first seen at this practice/hospital for this injury/disease on	29/04/2020
The patient is/was suffering from (List all work-related diagnoses. If symptoms only, tick "Provisional diagnosis") <input type="checkbox"/> Provisional diagnosis Broken right ankle					
Patient's stated mechanism of injury			Fall	Is this consistent with your clinical findings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unclear	
Describe mechanism in detail fall into pothole					
Pre-existing factors or condition aggravated (if not previously supplied) N/A					

Part C – Treatment plan

Patient requires/d treatment from	10/06/2020	to	24/06/2020	to be reviewed again on	22/06/2020	No further review	<input type="checkbox"/>
Treatment Physiotherapy / hydrotherapy							
I have prescribed medication that may impede safe work, travel or cognitive function <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes							

Referrals	<input type="checkbox"/> Diagnostic <input checked="" type="checkbox"/> Allied Health <input type="checkbox"/> Specialist/GP	Name/discipline	Physiotherapy	Details (specify)	soft tissue treatment / strength
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Part D – Capacity for work (Choose one from the three options)

<input type="checkbox"/> The certified injury does not prevent a return to pre-injury duties. Do not complete Part E. Go to Part F.	<input checked="" type="checkbox"/> If suitable duties available, can return to some form of work from	12/06/2020	<input checked="" type="checkbox"/> No functional capacity for any type of work until
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Complete below section if you certified no functional capacity for any type of work

If no functional capacity, state why? (if no capacity for more than 7 days, the insurer may contact you to obtain more information)

	Estimated time to return to some form of work duties	Estimated time to return to full duties
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Part E – Functional ability (Optional for emergency medical practitioners/dental practitioners. Nurse practitioners not to complete.) No change since last certificate

Certification should be based on what CAN be done, NOT available duties. Consider what the patient can do, either at work or home.

Function/task (patient's usual functional ability)	Is functional ability affected by injury/condition?		Note any restrictions (if relevant)	What patient can do (if "Yes" box ticked)
	No	Yes		
Lower limb	<input type="radio"/>	<input checked="" type="radio"/>	no rough ground, no squatting, no lifting	admin, short periods standing / walking - up to 30 min. as tolerated, crutch
Upper limb	<input type="radio"/>	<input type="radio"/>		
Hand function	<input type="radio"/>	<input type="radio"/>		
Spinal function	<input type="radio"/>	<input type="radio"/>		
Cognition/psychosocial functioning	<input type="radio"/>	<input type="radio"/>		
Driving a car	<input type="radio"/>	<input type="radio"/>		
Operating machinery/heavy vehicle	<input type="radio"/>	<input type="radio"/>		
Manual tasks	<input type="radio"/>	<input type="radio"/>	only where seated	under 2.5 kg
Other	<input type="radio"/>	<input type="radio"/>	No carrying	

Part F – Rehabilitation at work – return to work plan (Optional for emergency medical practitioners/dental practitioners. Nurse practitioners not to complete.)

What workplace modifications are required to facilitate return to work? (e.g. work site assessment, psychosocial considerations)

Worksite assessment

Other considerations or factors that may affect recovery (the insurer can arrange appropriate support)

 I require a suitable duties program to be provided to me for approvalI have discussed injury requirements and return to work options with the patient and Employer Insurer Rehabilitation provider

Part G – Medical/dental/nurse practitioner details and statement (or use practice/hospital stamp)

I have discussed the information contained in this certificate with the patient. I have provided the clinical information in this certificate.

Name	Barry Love	Email	blove@hospital.gov.au		
Practice/hospital	Brisbane Base Hospital	Phone	0 7 4 2 1 0 4 2 1 0	Date	10/06/2020
Postal address	123 Broken Road, Brisbane	Signature			

Further information www.worksafe.qld.gov.au/medicalsupport

All enquiries (medical/dental/nurse practitioner, patient, employer) 1300 362 128

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Under the Workers' Compensation and Rehabilitation Act 2003 (the Act), the workers' compensation insurer is authorised to collect the information on this form to process the claimant's application for compensation. 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. The claimant may be contacted by the insurer, and the insurer may contact the claimant's employer and any other medical, allied health or rehabilitation provider about the injury. This form was approved by the Workers' Compensation Regulator on 31 May 2016, pursuant to section 586 of the Act.
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