

CERTIFICATE OF CAPACITY

- A valid Certificate of Capacity must be provided if you are claiming compensation for loss of income because of a transport accident or work-related injury or illness.
- The certifier will use this Certificate of Capacity to communicate with your employer and your case manager about your work capacity (refer to the TAC or WorkSafe Victoria (WorkSafe) website for who can certify). **Note:** The first medical certificate for a work-related injury/condition WorkSafe claim must be issued by a medical practitioner.
- Certifiers – Please type or use block letters and **ensure that all relevant sections are complete**. Incomplete forms may be returned.

This certificate has been issued in relation to a:

☐ Transport accident related injury (TAC Claim) ☐ Work related injury/condition (WorkSafe Claim)

This certificate has been issued to confirm attendance only *Complete sections 1, 2, 5 & 6 only* ☐

1. Worker Details

Worker First Name

Claim Number (if known)

Worker Last Name

Date of Injury (if Claim
number not known)

Date of Birth

Worker Address

Postcode

2. Diagnosis

I examined you on

If this certificate refers to a period prior to the date of examination, please provide details in Additional Comments (Section 3) below

My Clinical Diagnosis/es based on my examination of you and other available information is:

3. Capacity Assessment

Note: If capacity is affected further details **MUST** be provided in this section.
• Continue to Section 4 if capacity is unaffected

Your work capacity is affected by your injury/condition as follows:

Physical Function <i>Select applicable</i>	CAN	WITH MODIFICATIONS	CANNOT
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Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand/Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use injured arm/hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Function – Additional Comments *eg. limits on durations, weight-handling capacity, repetitive or sustained postures, movements or forces:*

Mental Health Function <i>Select applicable</i>	NOT AFFECTED	AFFECTED
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Attention/Concentration	<input type="checkbox"/>	<input type="checkbox"/>
Memory (<i>short and/or long term</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Judgement (<i>ability to make decisions</i>)	<input type="checkbox"/>	<input type="checkbox"/>

Mental Health Function – Additional Comments *eg. effects of mental health symptoms, cognitive function:*

Other Functional Considerations – not listed above

Other Functional Considerations – Additional Comments *eg. effects of medication:*

Work Environment Considerations *eg. physical (temperature, noise, space, light) or mental health considerations that affect work capacity*

4. Certification

Note: Certificate durations for a work-related injury/condition (WorkSafe claim), unless special reasons apply are up to:
• 14 days for the first certificate (must be issued by a medical practitioner), • 28 days for a subsequent certificate.

Taking into account the effects of your injury/condition, as outlined in section 3, you:

- ☐ Have a capacity for pre-injury employment from / /
- ☐ Have a capacity for suitable employment from / / to / /
- ☐ Have no capacity for employment from / / to / /

Estimated timeframe to return to work days or weeks

An estimated timeframe will assist with planning for a return to safe work

5. Treatment Plan

Your treatment plan including injury management, strategies to increase capacity for work, address return to work barriers and/or prevent recurrence/aggravation of injury:

6. Certifier Declaration

I certify that I have clinically examined this patient. The information and medical opinions I have provided in this certificate are, to the best of my knowledge, true and correct.

Provider name, address and phone no. (or practice stamp)

Postcode

Telephone ()

Signature of Certifier

Provider number or hospital name

Date issued

7. Worker Declaration – WORKER TO COMPLETE

MANDATORY unless this is the first certificate or an attendance certificate only

At any time since the last Certificate of Capacity was provided, have you engaged in:

- voluntary work, or
- any form of employment or in self-employment for which you have received or been entitled to receive payment in money or otherwise?

- ☐ No, I have not
- ☐ Yes, I have

Please provide details of any voluntary work, employment or self-employment you have engaged in (other than with your pre-injury employer as part of your return to work):

I declare that the details I have given on this certificate are true and correct. I understand that it is an offence under the legislation to provide false or misleading information.

Signature
of Worker

Date / /

Further Information

Returning to work

If you have a work capacity for suitable employment your employer and case manager will use the information provided by your certifier on the Certificate of Capacity to assess suitable options for you to safely stay at or return to work. They will take into account what you can do safely and any limitations that apply to your individual circumstances. A capacity for suitable employment could mean working reduced hours while you recover or working modified or different duties until you can return to your normal work with your pre-injury employer or another employer.

Privacy

The TAC and WorkSafe (WorkSafe Agents and Self-Insurers) will handle your personal and health information in accordance with their privacy policies and legislation. You can access privacy policy information at the TAC and WorkSafe websites.