

# Workers' compensation medical certificate – guidelines for completion



The medical certificate is a legal document and must only be completed by the doctor or dentist.

## COMPLETION OF PARTS A and F IS MANDATORY

### PART A – MANDATORY

#### Injured worker details

- Complete *attendance date*, *worker's name*, *worker's contact details* and *employer name*.
- Provide a *diagnosis* rather than symptoms (even if provisional).
- When first seen it is important to document on the certificate the *worker's stated date of injury* and *worker's stated cause of the injury*.
- Complete *pre-existing factors* if you consider that your patient has a condition or illness that may be relevant to the insurer's determination of this claim.

#### Worker's capacity for work

- When completing a *worker's capacity for work*, indicate whether you believe your patient
  - is fit to return to their normal duties (specify date) **or**
  - will require some modification to their duties (suitable duties, specify period) **or**
  - is unable to return to work at all (specify period).
- More than one of the options may be applicable at any particular time. Complete all relevant options.

#### Medical management

- When completing *medical management* indicate the period for which your patient will require treatment. Provide the details of the type of treatment in 'Part D'.

### PART B

#### Further information

- *Further information* should be completed where the incapacity is more than 10 days or you consider further information may be useful for the insurer.
- *Details of findings/clinical notes* is an optional field. Use it if you want to supply further information to the insurer.
- *I would like the insurer to contact me* – by ticking this box, you are indicating to the insurer that you would like to discuss aspects of your patient's medical or rehabilitation management. This can be ticked on the initial or on any subsequent certificate.
- *Your preferred method of contact* – indicate when and how you would like to be contacted by the insurer. Tick the appropriate box and complete day(s) and time(s).

### PART C

#### Diagnostic plan

- Complete *diagnostic plan* if you are ordering diagnostic tools to assist in further defining your diagnosis.

### PART D

#### Medical management plan

- Complete the *medical management plan* when the period of total or partial incapacity is not known or is uncertain or is likely to be more than 10 days.

### PART E

#### Rehabilitation and return to work plan

- *Approval of suitable duties program* – tick this box to indicate to the insurer your approval of the set up of a suitable duties program that contains the elements indicated.
- *Restricted hours* – indicate how many hours per day your patient is fit to work.
- *Restricted days* – indicate how many days per week your patient is fit to work and whether these should be consecutive.
- *I require a suitable duties program to be provided to me for approval* – tick this box if you would prefer the insurer to organise for a suitable duties program to be set up by a rehabilitation professional and then sent to you for your approval.
- *Contact has been made with the employer* – indicates that you have spoken with your patient's employer about the management of the injury.
- *Rehabilitation process* – by ticking this box you indicate to the insurer that you are available for advice and consultation, as required, for your patient's rehabilitation management. If you do not tick the box the insurer may make arrangements for the rehabilitation to be coordinated by a health professional or rehabilitation provider, but will still require your approval of suitable duties programs.

### PART F – MANDATORY

You must complete this section in every case. The certificate must be **signed** and dated by you. Your practice contact details must be visible and legible on **all** copies of the certificate. If you have any questions relating to the completion of the certificate please contact Q-COMP on 1300 789 881.