

Certificate of capacity/ certificate of fitness – treating physiotherapist or psychologist



State Insurance
Regulatory Authority

For use with workers compensation claims and compulsory third party motor accident injuries.

Workers compensation (WC) Compulsory third party (CTP)

This form may be used by a treating physiotherapist or treating psychologist to certify capacity/fitness. This certificate may be the second or subsequent certificate of capacity/fitness completed for the claim. The first (initial) certificate must be completed by a medical practitioner. Scheme specific requirements are outlined below.

For WC claims

A treating physiotherapist or treating psychologist completing a certificate must be SIRA-approved. If the worker has more than one type of injury and is being treated by more than one type of practitioner (apart from their medical practitioner), the treating physiotherapist/psychologist needs to consider whether the worker should be referred back to their medical practitioner to certify their overall capacity.

For CTP claims

A treating physiotherapist or treating psychologist must:

1. hold a registration under the Health Practitioner Regulation National Law (NSW) No 86a; and
2. be providing medical or related treatment for all of a claimant's injuries as a result of the motor accident.

'Certificate of fitness' means 'certificate of fitness for work'. This certificate should be completed whether the person was employed at the time of the accident or not. If the person is being treated by more than one type of practitioner, the treating physiotherapist/psychologist must refer the person back to their medical practitioner to certify their overall capacity..

Section 1: Certification of capacity/fitness (To be completed by the treating physiotherapist or psychologist)

Injured person's first name Injured person's last name Claim number

Capacity for work

Where the word 'capacity' appears below it should be read as 'fitness for work' when the certificate is completed in a motor accident injury claim.

has capacity for work from Date (DD/MM/YYYY) to Date (DD/MM/YYYY)

Please provide detail of capacity below. E.g. what the person can do, also any limitations

has no current capacity for any work from Date (DD/MM/YYYY)

If no current capacity for work, estimated time to return to any type of employment

Next review date (DD/MM/YYYY) (if greater than 28 days, please provide clinical reasoning)

Comments

First name	Last name	Claim number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Treating physiotherapist or psychologist details

I am the treating:

physiotherapist psychologist

I certify that I am the treating physiotherapist or psychologist and I have examined this person. The information and opinions contained in this certificate are, to the best of my knowledge, true and correct.

Signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

Name

Address

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone number	SIRA approval number (WC)/AHPRA Registration number (CTP)
<input type="text"/>	<input type="text"/>

Section 2: Injured person details (To be completed by the injured person or treating physiotherapist or psychologist)

Injured person's first name	Injured person's last name
<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY)	Telephone number
<input type="text"/>	<input type="text"/>

Address (must be residential address - not PO Box)	Suburb
<input type="text"/>	<input type="text"/>

State	Postcode	Claim number	Medicare number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation/job title	Employer's name and contact details (if applicable)
<input type="text"/>	<input type="text"/>

Signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

First name

Last name

Claim number

Additional information - the following sections are optional for completion

Section 3: Capacity for activities – Please consider activities of daily living currently being performed (To be completed by the treating physiotherapist or psychologist)

Lifting/carrying capacity

Sitting tolerance

Standing tolerance

Pushing/pulling ability

Bending/twisting/squatting ability

Driving ability

Other (please specify) eg psychological considerations, keep wound clean and dry

Factors affecting recovery

Medical practitioner details (where known)

Name

Address

Suburb

State

Postcode

Telephone number

Physiotherapist's or psychologist's signature

Date (DD/MM/YYYY)

Injured person's consent

I consent to my treating medical practitioner, my employer (where relevant for CTP claims), the insurer, other medical practitioners or health related practitioners (whether consulting, treating or examining), workplace rehabilitation providers and SIRA exchanging information for the purpose of managing my injury and workers compensation/motor accident injury claim.

I understand this information will be used by SIRA and insurers to fulfill their functions under the motor accident insurance and workers compensation legislation.

Signature

Date (DD/MM/YYYY)

First name

Last name

Claim number

Section 4: Employment declaration (to be completed by the person prior to sending to the insurer (or employer))

First name

Last name

I have I have not (tick appropriate box)

engaged in any form of paid employment, self employment or voluntary work for which I have received or am entitled to receive payment in money or otherwise since the last certificate was provided, that I have not yet declared to the insurer.

If so, please provide details below.

I declare that the details I have given on this declaration are true and correct, knowing that false declarations are punishable by law.

Signature

Date (DD/MM/YYYY)

