Understanding the workers’ compensation medical certificate

Information for rehabilitation and return to work coordinators and their employers
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Background

What is a workers’ compensation medical certificate?

The workers’ compensation medical certificate is a legal document that can only be completed by a registered doctor or dentist. Injured workers who wish to lodge a claim for a work related injury must provide the insurer with a completed certificate as part of the application process.

This tool is designed to help you understand the workers’ compensation medical certificate and provide guidance on how it should be used when developing suitable duties programs for your injured workers.

What is it used for?

The workers’ compensation medical certificate is used by doctors as a major form of communication between them and the injured worker, the insurer, the worker’s employer, the rehabilitation and return to work coordinator and any other treatment providers.

The certificate sets out the treating doctor’s recommendations for return to work to insurers and employers. For this reason it’s important that you follow these recommendations when developing suitable duties programs so that the worker can make a safe return to work. If you believe there is sufficient information on the workers’ compensation medical certificate or in a report which has been provided by the treating doctor, you are not required to ask them to sign the worker’s suitable duties program.
A practical example

Page 5 provides you with an example of a completed workers’ compensation medical certificate for John Smith, a carpenter who injured his back at work. At the time of the injury John was employed by Sky High Constructions.

Following the accident, John attends an examination with his treating doctor, Dr Peter Jones. During the appointment, Dr Jones completes the medical certificate, keeps one for himself and gives the other three copies to John. John keeps his copy, sends the insurer copy to WorkCover Queensland and gives the employer copy to his rehabilitation and return to work coordinator.

Sky High Constructions’ rehabilitation and return to work coordinator is able to develop a suitable duties program for John based on the information provided in Parts A & E of this medical certificate.

Dr Jones has given approval for John to commence a suitable duties program on 2 February 2009 and will review his progress on 13 February 2009.

John’s restrictions are:

- occasional lifting up to 5kg
- no bending, twisting or squatting
- alternate sitting & standing (sitting for a maximum period of 30 minutes).

John can commence working 4 hours per day during the first week of his suitable duties program and increase his hours during week 2 as tolerated.
# Workers’ compensation medical certificate

### PART A

**Injured worker details**

- **Surname**: Smith
- **Given names**: John
- **DOB**: 07/03/1964
- **Workers’ daytime contact phone number**: 07 3421 1234
- **Worker’s employer name**: Sky High Constructions
- **Worker’s capacity for work**
  - **Fit to return to normal duties from**: 28/01/2009
  - **Fit for suitable duties (restricted return to work) from**: 02/02/2009
  - **Estimated time to return to normal work duties**: 13/02/2009
- **He/she was/is suffering from**
  - **L5/S1 disc protrusion**
  - **Pre-existing factors relevant to the diagnosis**
  - **Unknown**

### PART B

**Further information**

- **Details of findings/clinical notes relevant to the condition**:

### PART C

**Diagnostic plan**

- **Diagnosis**: L5/S1 disc protrusion
- **Medical management plan**
  - **Treatment**: Paracetamol Forte
  - **Referred to specialist**: Physiotherapist
  - **Other considerations**: Gym program

### PART D

**Rehabilitation and return to work plan**

- **Worker’s stated cause of injury**: Lifting at work
- **Injury/disease is consistent with worker’s description of cause**: Yes
- **Pre-existing factors relevant to the diagnosis**: None
- **Worker’s capacity for work**
  - **Fit to return to normal duties from**: 28/01/2009
  - **Fit for suitable duties (restricted return to work) from**: 02/02/2009
- **Estimated time to return to normal work duties**: 13/02/2009
- **Unknown**

### PART E

**Rehabilitation and return to work plan**

- **Lifting**: weight limit ___ kg
- **Bending/twisting/squatting**: ___
- **Standing/sitting**: ___
- **Driving or operating machinery**: ___
- **Pushing/pulling**: ___
- **Restrictions**: Yes
- **Date**: 28/01/2009

### PART F

**Medical/Dental Practitioner Details**

- **Doctor’s name**: Dr. Peter Jones
- **Practice/hospital name**: Jones Medical
- **Postal address**: PO Box 1111, Brisbane 4000
- **Ph**: 32345678
- **Fax**: 32345688
- **Email**: peter.jones@medimail.com

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For general information about workers’ compensation visit www.qcomp.com.au

**VERSION 3**
Part A

As you can see from the sample, the workers’ compensation medical certificate is divided into several sections:

**Part A**

Part A of the certificate relates to the injured worker details and shows:

- attendance date, worker’s name, worker’s contact details and employer name
- a diagnosis rather than symptoms
- the worker’s stated date of injury and worker’s stated cause of the injury
- pre-existing factors (indicated if the doctor considers that their patient has a condition or illness relevant to the work related injury).

Worker’s capacity for work shows whether the doctor believes their patient:

- is fit to return to their normal duties (should specify a date)
- may require some modification to their duties (suitable duties)
- may be unable to return to work at all
- may require more than one of the options shown at any particular time.

Medical management indicates the period that the worker will require ongoing or further treatment. Details of the treatment are shown in Part D.
**Parts B, C and D**

**Part B**

Part B provides a space for doctors to indicate whether further information is needed or where the doctor would like to discuss the medical aspects with the insurer. If the doctor would like the insurer to contact them, they will indicate their request by ticking the box and providing details of their preferred method of contact.

**Part C**

Part C is used to indicate the doctor’s diagnostic plan. The doctor will complete this section if they are ordering diagnostic tools such as imaging or pathology to assist in further defining the worker’s diagnosis.

**Part D**

Part D provides a brief outline of the doctor’s medical management plan for the worker. The doctor will complete this section when the period of total or partial incapacity is not known, is uncertain or is likely to be more than 10 days.
Parts E and F

Part E

Part E details the doctor’s guidelines for developing a suitable duties program. The doctor will tick the approval box to indicate to the insurer and the employer their approval for the set up of a suitable duties program that contains the elements indicated on the certificate.

This part of the certificate provides space for the doctor to indicate whether the suitable duties program should include:

- restricted hours (how many hours per day the worker is fit to work)
- restricted days (how many days per week the worker is fit to work and whether these should be consecutive).

Part E also allows the doctor to indicate:

- whether the suitable duties program should be provided to them for approval (they will tick this box if they would prefer the insurer to organise for a suitable duties program to be set up by a rehabilitation professional and then sent to them for approval)
- whether the doctor has spoken with the worker’s employer about the management of the injury
- that they are available for advice and consultation, as required, for the worker’s rehabilitation management. If they do not tick this box the insurer will make other arrangements for rehabilitation coordination, but will still require the doctor’s approval of suitable duties programs.

Part F – This section is mandatory

The workers’ compensation certificate must be signed and dated by the worker’s treating doctor in every case. Practice contact details must also be visible and legible on all copies of the certificate.
Sample suitable duties program

This is an example of a suitable duties program based on the information contained in John’s medical certificate. For more information on how to develop a suitable duties program visit the Developing suitable duties programs section of our website.

<table>
<thead>
<tr>
<th>Injured worker details</th>
<th>Plan details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker: John Smith</td>
<td>Goal – long term: Return to full-time construction duties as a carpenter</td>
</tr>
<tr>
<td>Supervisor: Mark Brown</td>
<td>Objective of this plan: To upgrade work hours performing administrative tasks</td>
</tr>
<tr>
<td>Treating medical practitioner: Dr Peter Jones</td>
<td>Duration of this plan from: 02/02/2009 to 13/02/2009</td>
</tr>
<tr>
<td>Job description: Assistant to Project Manager</td>
<td>Fit for suitable duties (restricted return to work?) From: 02/02/2009 to: 13/02/2009</td>
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</table>

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<thead>
<tr>
<th>Task details</th>
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<tr>
<td><strong>Week</strong></td>
</tr>
<tr>
<td>Week one commencing: 02/02/2009</td>
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<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Week two commencing: 09/02/2009</td>
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<tr>
<td></td>
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<tr>
<td>Plan to be reviewed: 06/02/2009</td>
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<table>
<thead>
<tr>
<th>Signatures</th>
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</thead>
<tbody>
<tr>
<td>Name (treatment medical practitioner): Dr Peter Jones</td>
</tr>
<tr>
<td>Approval as per WC medical certificate dated 02/02/2009 - 13/02/2009</td>
</tr>
<tr>
<td>Signature: J. Smith</td>
</tr>
<tr>
<td>Name (supervisor) T.J. White</td>
</tr>
<tr>
<td>30/01/2009</td>
</tr>
<tr>
<td>Signature: T.J. White</td>
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