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Workers Compensation and Injury Management Act 2023

APPROVED FORM [s. 496]

Permanent Impairment Assessment – Assessment Request

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for requesting an assessment of a worker's degree of permanent impairment under section 190(1) of the Act is **Permanent Impairment Assessment – Assessment Request** in Appendix 1.

Permanent Impairment Assessment – Assessment Request in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form APIA2 – v1 [D2024/36851].

CHRIS WHITE
CHIEF EXECUTIVE OFFICER

26 March 2024

APPENDIX 1

Workers Compensation and Injury Management Act 2023

PERMANENT IMPAIRMENT ASSESSMENT — ASSESSMENT REQUEST

To

Approved permanent
impairment assessor:

Address:

Email:

Worker

Name:

Address:

Date of birth:

Phone number:

Email address:

Employer

Name:

Address:

ABN:

Contact person:

Phone number:

Email address:

Claim

Insurer:

Insurer claim number:

APPENDIX 1

Injury

Date of injury:

Description of injury:

Purpose of assessment

Permanent impairment compensation:

Common law:

Special increase in medical and health expenses general limit:

Person requesting the assessment

Name:

Company name: (If applicable)

Address:

Phone number:

Email address:

Request

Please make the necessary arrangements to assess the degree of permanent impairment for the above worker in accordance with the *WorkCover WA Guidelines for the Evaluation of Permanent Impairment*.

Signed: **Date:**

(Signed by the person making the request)