



2 Bedbrook Place  
Shenton Park  
Western Australia 6008  
[workcover.wa.gov.au](http://workcover.wa.gov.au)

telephone 08 9388 5555  
advisory services 1300 794 744  
TTY 08 9388 5537

## ***Workers Compensation and Injury Management Act 2023***

### **APPROVED FORM [s. 496]**

#### **Final Certificate of Capacity**

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for a final certificate of capacity under section 169(1)(a) of the Act is **Final Certificate of Capacity** in Appendix 1.

**Final Certificate of Capacity** in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form CC3 – v1 [D2024/98312].

REBECCA HARRIS  
A/CHIEF EXECUTIVE OFFICER

18 April 2024



# FINAL certificate of capacity

## 1. WORKER'S DETAILS

First name  Last name

Date of birth  Claim no.

Phone  Email

Address

## 2. EMPLOYER'S DETAILS

Employer's name  Employer's phone

Employer's address

## 3. MEDICAL ASSESSMENT

Date of this assessment  Date of injury

The worker's condition is unlikely to change substantially in the next 12 months

## 4. WORK CAPACITY

Having considered the health benefits of work, I find this worker to have:

full capacity for work from   but requires further treatment *(outline specifics below)*

capacity for work performing  hours per day and  days per week from

as outlined below: *(Please outline the worker's physical and/or psychosocial capacity for work, functional limits, ongoing need for workplace modifications, and/or further treatment needs)*

lift up to  kg

sit up to  mins

stand up to  mins

walk up to  m

work below shoulder height

The worker's incapacity is no longer a result of the injury

## 5. REASON FOR CAPACITY/INCAPACITY

Please outline your clinical reason for the worker's capacity/incapacity:

## 6. MEDICAL PRACTITIONER'S DETAILS

Name  AHPRA no. MED

Address  Email

Phone  Signature

Fax  Date