Workers Compensation and Injury Management Act 2023

PERMANENT IMPAIRMENT Assessment — REQUIREMENT TO ATTEND

## To

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Date of birth: |  |

## Employer

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| ABN: |  |
| Contact person: |  |
| Phone number: |  |
| Email address: |  |

## Claim

|  |  |
| --- | --- |
| Insurer: |  |
| Insurer claim number: |  |
| Phone number: |  |

## Injury

|  |  |
| --- | --- |
| Date of injury: |  |
| Description of injury: |  |

## Assessment appointment

|  |  |
| --- | --- |
| Approved permanent impairment assessor: |  |
| Address: |  |
| Phone number: |  |
| Email address: |  |
| Appointment date: |  |
| Appointment time: |  |

## Assessment requested by

|  |  |
| --- | --- |
| Name: |  |
| Company name: (if applicable) |  |
| Address: |  |
| Phone number: |  |
| Email address: |  |

## Purpose of assessment

|  |  |
| --- | --- |
| Permanent impairment compensation: |  |
| Common law: |  |
| Special increase in the medical and health expenses general limit: |  |