

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

**APPROVED FORM [s. 496]**

**Permanent Impairment Assessment – Report and Certificate**

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for a report of the results of an assessment of a worker's degree of permanent impairment for the purposes of section 192(1) and the supporting assessment for the purposes of section 421(1)(a) and (10) of the Act is **Permanent Impairment Assessment – Report and Certificate** in Appendix 1.

**Permanent Impairment Assessment – Report and Certificate** in Appendix 1 is effective 1 July 2026 and registered as WorkCover WA Approved Form APIA1 – v2 [D2026/144597].

The **Permanent Impairment Assessment – Report and Certificate** in Appendix 1 replaces WorkCover WA Approved Form APIA1 – v1 [D2024/36855] approved on 27 March 2024 and effective from 1 July 2024.



REBECCA HARRIS  
A/CHIEF EXECUTIVE OFFICER

29 April 2026

*Workers Compensation and Injury Management Act 2023*

**PERMANENT IMPAIRMENT ASSESSMENT —  
REPORT AND CERTIFICATE**

**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: .....  
Date claim made: .....

**Injury**

Date of injury: .....  
Description of injury: .....

## APPENDIX 1

### Purpose of assessment

Permanent impairment compensation:   
(\*See impairment rating and calculation for permanent impairment (PI) compensation)

Common law:

Special increase in the medical and health expenses general limit:

### Maximum medical improvement & special assessment

Has worker reached maximum medical improvement?  Yes  No

Is this a special assessment\* authorised by the WorkCover WA Permanent Impairment Guidelines?  Yes  No

(\*Confirm at least 18 months has elapsed from the date of injury to the date of the assessment)

### Examination

Date:

.....

Location:

.....

Reports and documents provided:

(List of documents and information provided)

Narrative history

(As provided by the worker on history of injury, occupational history, past medical history)

Physical examination:

Diagnostic studies:

Diagnosis and impairments:

The proportion of permanent impairment due to any previous injury that was not asymptomatic:

### Impairment rating and calculation for permanent impairment compensation

(Detail the relevant references used in assessing the percentage of permanent impairment consistent with the WorkCover WA Permanent Impairment Guidelines)

Item #	Chapter #	Table/Figure #	PI Rating (%)	Assessed degree of PI (%)*

\* WorkCover WA Permanent Impairment Guidelines conversion applied

### Calculation of the worker’s degree of permanent impairment

(Show how degree of permanent impairment was calculated, detail any combination of body part or systems)

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### Statement as to the reasons for arriving at the calculation of the worker’s degree of permanent impairment

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**APPENDIX 1**

**CERTIFICATE OF DEGREE OF PERMANENT IMPAIRMENT**

Having assessed the above worker in accordance with the *Workers Compensation and Injury Management Act 2023* and the *WorkCover WA Guidelines for the Evaluation of Permanent Impairment*, I certify:

**Permanent impairment compensation**

The degree of permanent impairment detailed above for each item in the permanent impairment table is:

Item	Description	% permanent impairment of item

Note: Only complete if purpose of assessment is for permanent impairment compensation. If there is more than one impairment to a body part or system specify the percentage permanent impairment for each item.

**Common law or special increase in medical and health expenses compensation**

The degree of permanent whole of person impairment detailed above is: \_\_\_\_\_ %

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved permanent impairment assessor: \_\_\_\_\_

WorkCover WA APIA registration number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_