Form 4

WorkCover WA - FINAL certificate of capacity

1. WORKER'S DETAILS

First name	Lucy Li	Last name	Lu
Date of birth	18/01/1989	Claim no.	12C34L56A78I9M
Phone	08 9991 9991	Email	lu.lu@email.com
Address	1 Seacrest Walk, Barra View WA		

2. EMPLOYER'S DETAILS

Employer's name	Kite Stationary Supplies	Employer's phone	08 9898 9898
Employer's address	1 Main Street, Barra View WA		

3. MEDICAL ASSESSMENT

Date of this assessment: 27/12/2013 Date of injury: 21/11/2013

☑ 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 27/12/2013 ☐ 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:

Injury has resolved. No ongoing symptoms or functional limitations. Fit to return to work at full (pre-injury) capacity. No evidence of permanent Impairment

6. MEDICAL PRACTITIONER'S DETAILS

Name	Dr Medical Practitioner	AHPRA no. MED	000111111
Address	Barra View Medical Practice 101 Practice Way Barra View WA	Email	email@bvmp.com
		Signature	M. Practitioner
Phone	08 9999 9999		
Fax	08 9999 9998	Date	27/12/2013

(Practice stamp – optional)