

3. Draft Addendum to WorkCover Medical Certificate for Injured/Ill Nurses

1. Worker Details (worker to complete)

First Name(s): Surname:
Address:
Telephone: Date of Birth:/...../..... Occupation:

2. Employer Details

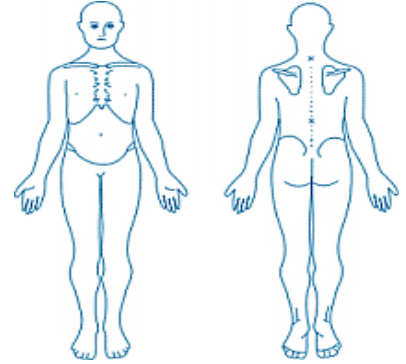
3. Time and date of examination:.....am/pm...../...../.....

Name & Address of Worker's Employer:

4. Medical Assessment (Medical Practitioner to complete)

Clinical findings/diagnosis (include possible complications, effect, medical condition or ongoing risk)

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Rehabilitation

5. Fitness for Work It is my opinion that as from the date of this certificate the worker is:

- Fit to return to pre-injury duties, no further treatment required.
- Fit to return to pre-injury duties, but requires further treatment.
- Fit for restricted return to work **from:**/...../..... **to:**/...../.....
- Work restrictions:
 - No lifting anything heavier than ____kg.
 - Avoid repetitive bending/lifting.
 - Avoid repetitive use of affected body part.
 - Avoid prolonged standing/walking/sitting.
 - Pre-injury unit/ward.

6. Identify Work Capabilities (as outlined per roles and responsibilities of nurses):

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7. Identify Rehabilitation Goals (including Occupational Employer Services)

- Medical:
- Physical:
- Psychological:
- Social:
- Vocational:

8. Medical Management

- Medication:
 - Physiotherapy/Chiropractor/Remedial Massage/Osteopath *Number of Sessions recommended:*
 - Imaging:
 - Psychologist/Psychiatrist/Counselling *Number of Sessions recommended:*
 - Referred to hospital/specialist (name):
- Other treatment:

9. Return to Work Options

- Employers Return to Work Coordinator to collaborate and consult with Medical Practitioner and Worker in coordinating Rehabilitation and Return to Work.
 - Occupational Rehabilitation Services requested as per attached letter.
 - Occupational Rehabilitation Services likely to be necessary, subject to review inweeks.
 - Occupational Rehabilitation Services required – choice of 3 providers to be discussed with the worker.
 - I would like the employer to discuss with me organising referral for Occupational Rehabilitation Services.
 - Occupational Rehabilitation Services has been initiated and is continuing with:
- Comments:

10. Medical Practitioner/Return to Work Coordinator Contact

- I have with the injured nurse made contact with their employer during the consultation and discussed return to work options.
- Employer please fax your contact details as I will contact you to discuss return to work options during the next consultation.
- Contact with employer not necessary at this stage.

11. Medical Practitioner's Details

Name: Address:
Telephone: Fax: Signature:

Next Appointment Date:/...../..... Time: