



Medical Certification – Ability to Work

The information you provide on this form may assist in deciding eligibility for benefits under the *Veterans' Entitlements Act (1986)*, *Safety, Rehabilitation & Compensation (Defence-related Claims) Act (1988)* and *Military Rehabilitation & Compensation Act (2004)*. In the event of an appeal against a decision, this information may be provided to the Veterans' Review Board, the Administrative Appeals Tribunal or the Federal Court. It may also be made available to your patient, on request, under the *Freedom of Information Act*.

Surname	Given Name/s	DVA File Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART A – Medical examination and diagnosis

- This medical certification is:

 An initial certificate A continuing certificate A final certificate
- Veteran is considered: Fit for work Unfit for work.
- The duration of this medical certification is: ___/___/___ to ___/___/___
(An end date must be provided. Terms such as "ongoing", etc., are not suitable)
- The specific diagnosis causing incapacity is:
(Do not provide symptoms, e.g. "sore back". Provide specific medical condition, e.g. "lumbar spondylosis")

- Date veteran was first seen at this practice for the above condition/s: ___/___/___
- Please describe your involvement in the veteran's decision to cease, reduce and/or find alternative work:

PART B – Fitness for work and vocational rehabilitation

- Is the client capable of returning to pre-injury ADF employment? Yes No
- Please provide your opinion on the veteran's capacity to work and undertake vocational rehabilitation:

HEAVY WORK (e.g. metal/building/vehicle/food tradesperson, industrial cleaner, transport driver, labourer)	
Work capacity hours per day	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-4 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6-8
What is the veteran's limitation due to?	
How does this affect the veteran's ability to carry out heavy work?	
MODERATE WORK (e.g. electrical/printing/tradesperson, gardener, cleaner, kitchen hand, factory hand)	
Work capacity hours per day	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-4 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6-8
What is the veteran's limitation due to?	
How does this affect the veteran's ability to carry out moderate work?	
LIGHT WORK (e.g. manager, administration, telephone work, technician, instructor, teacher, clerk, caretaker)	
Work capacity hours per day	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-4 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6-8
What is the veteran's limitation due to?	

How does this affect the veteran's ability to carry out light work?	
VOCATIONAL REHABILITATION (e.g. online learning, classroom learning, on-the-job supervision, work trials)	
Vocational rehabilitation capacity hours per day	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-4 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6-8
What is the veteran's limitation due to?	
How does this affect the veteran's ability to undertake vocational rehabilitation?	

PART C – Medical management

9. Please provide details of the veteran's current medical management:
(e.g. pharmaceuticals, specialist referral, imaging, allied health care)

TREATMENT	FREQUENCY	REASON	END/REVIEW DATE

10. Please list any other recommendations or comments relating to your examination of the veteran:

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PART D – Details of Medical Practitioner providing advice

NAME	DATE OF CONSULTATION	SPECIALTY	PROVIDER NO.
SIGNATURE		PRACTICE DETAILS	