

CERTIFICATE OF CAPACITY

☐ Medical Certificate – up to 14 days unless special reasons apply (under section 105 of the Act)	☒ Continuing certificate of capacity – up to 28 days unless special reasons apply (under section 111 of the Act)	☐ Attendance certificate only – (this cannot be used to claim weekly benefits)
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Patient's full name **Mr. Sivakumar Reddy** Date of Birth **23/11/1969**

Patient's Address **3 Tarwin Place, CRANBOURNE VIC 3977**

Description of injury/disease **neck and back pain work related**
Diagnosis **mild central canal narrowing at c5/ c6, l5/ s1 disk protrusion, contacting s1 nerve root.**

Other details such as any aggravation or recurrence of a previous injury or a degenerative component **aggravation of previous neck pain and back pain.**

Injury/disease is consistent with patient's description of cause: **yes** Patient's type of work **plant operator**
(see note 11)

Treatment/medication **analgesics, physiotherapy, deep tissue massage.
following up with neurosurgeon and orthopaedic surgeon.
had epidural injection. pain management, psychotherapy**

Referral to another health care provider (give details of provider and service requested, duration and frequency when relevant)

CAPACITY FOR WORK

Discussion with the employer may assist you to find out whether suitable employment is available for your patient, given his/her injury/disease.

Expected to be fit for normal duties from
Fit for modified duties from
(specify restrictions at right) to

Fit for alternative duties from
(specify restrictions at right) to
Unfit for any duties From **30/12/2014**
To **26/01/2015**

Work restrictions (see notes 14 & 15)

Next Review Date: 26/01/2015

Comments

I certify that I have clinically examined this patient. The information and medical opinions contained in this certificate are, to the best of my knowledge, true and correct.

MEDICAL PRACTITIONER IDENTIFICATION

Name, address and phone number (practice stamp if available)

Dr P S Weeratunga

4070157H

**3-7 Kingdom Drive
Cranbourne, Vic. VIC 397703 59950766**

Signature of medical practitioner



Provider no or hospital name

4070157H

Specialty

General Practitioner

Date of examination*

28/12/ 2014

Date of issue

28/12/2014