

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 (see note 11)	plant operator
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.

Work restrictions (see notes 14 & 15)

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 03/10/2014
To 01/11/2014

Next Review Date:01/11/2014

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)

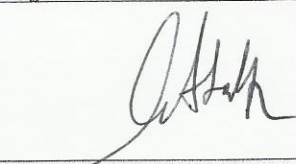
Dr Madumathi N Herath Mudiyanse

4532671J

3-7 Kingdom Drive

Cranbourne. Vic. VIC 397703 59950766

Signature of medical practitioner



Provider no or hospital name

4532671j

Specialty

General Practitioner

Date of examination*

03/10/2014

Date of issue

03/10/2014