

VICTORIAN WORKCOVER AUTHORITY

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)

Patient's full name **Mr Sivakumar Reddy** Date of Birth **23/11/1969**

Patient's address **3 Tarwin Place Cranbourne East Vic 3977**

Description of injury/disease **Accidental cut to R Hand at work this AM**

Diagnosis **Incised wound 4 cm and deep in the R 1st interdigital cleft**

Other details such as any aggravation or recurrence of a previous injury or a degenerative component

Injury/disease is consistent with patient's description of cause: Yes ☒ Uncertain ☐ Patient's type of work (see note 11)

Treatment/medication **Sutured , Dressed , And Antibiotics given**

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 (see notes 12 & 13).

Expected to be fit for normal duties from

Fit for modified duties (specify restrictions at right) from

to

Fit for alternative duties (specify restrictions at right) from

to

Unfit for any duties from **19.01.12**

20.01.12

WORK RESTRICTIONS (see notes 14 & 15)

Next review date **23.1.12**

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.