

MEDICAL PRACTITIONER IDENTIFICATION

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

Dr Kanapathippilla Thanigasala (M.B.B.S.)

Access Medical Group

1 Rezes Street

Wantirna South 3152

Specialty

G.P.

Signature of medical practitioner

Provider number or hospital name

unique identifier

232115LT

Date of examination*

Date of issue

19/1/2012

19/1/2012

*If this certificate refers to a period prior to the date of examination, please give details in Comments (above). See over for patient declaration.

EMPLOYER DETAILS

Employer's name and address

Telephone number

PATIENT DECLARATION

(to be completed **only** for a continuing certificate, **not** for the first medical certificate or attendance certificate)

I,

☐ have

(tick appropriate box)

☒ have not

been engaged in any form of paid employment, self employment or voluntary employment since the last continuing certificate of capacity was provided and declare that the details I have given on this certificate are true and correct, knowing that false declarations are punishable by law.

(If you have been engaged in any form of employment, please attach details when you forward this certificate to your employer).

Signature of patient

Date

G. Kanapathippilla

19/1/12

Name of witness (please print)

Dean Alexander

Signature of witness

Date

19/1/12

IMPORTANT NOTICE FOR WORKERS