

Next review date

Clinical reasoning (if > 28 days):

Part B – Provides additional information for your insurer, if the certificate relates to a claim for compensation

Claim number _____ First seen in relation to this condition at this practice on

Date injury was sustained/disease was contracted / /

Based on the information available to me, this was caused by

- The injury/disease is
- an aggravation of a pre-existing condition
 - a continuing injury/disease
 - a new injury/disease

Factors which may be relevant to the condition or recovery (if any) are:

To assist recovery and return to work I request a return to work case conference with the employer and employee Yes No

This certificate is an initial certificate a continuing certificate a final certificate

Part C – Medical practitioner’s details

Please affix practice stamp here or provide contact details and provider number.

Medical practitioner’s signature

Date