

Workers Compensation Certificate of Capacity

Tasmania

- This certificate is to be used to support a claim for workers compensation under the *Workers Rehabilitation and Compensation Act 1988*.
- This certificate is to be completed by the medical practitioner and issued to the worker.
- Medical practitioners should detail the worker's injury and capacity to perform functional tasks, and are encouraged to focus on capacity rather than incapacity.
- This information will be used to assess and manage the worker's claim for workers compensation including finding suitable alternative duties based on the worker's job and functional capacity.
- **For guidance on completing this certificate access the How to Guide: Workers Compensation Certificate of Capacity from www.worksafe.tas.gov.au**

1. Worker details

Given name(s)	Matthew				
Surname	Spilsbury				
Date of birth	17/04/1986				
Address	8 McCullagh Ct				
Suburb	Legana	State	TAS	Postcode	7277
Employer	MMG Rosebery				

2. Injury details and assessment

What type of Workers Compensation Certificate of Capacity is this? Initial ☐ Subsequent ☒

Date of injury or when the worker became totally or partially incapacitated, that is, unable to do some or all of their job:* / /

Stated cause:*

Manual lifting at workplace, leading to acute pain over right shoulder

Is the injury consistent with the worker's description of cause?* Yes ☒ No ☐

The injury is:*

☒ A new injury ☐ A recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease. Provide details below:

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* Only mandatory if this is an initial certificate.

Consultation date / /

Current symptoms:

Update 15/09/2025: Went well with rescue training, started using mine gem for short duration up to 1.5 hours. Residual numbness at the tip of right index finger. Gets muscle tightness and spasms now and then. Aim to slowly get him into his usual pre-injury duties.
Update: 01/09/25: Had a phone consult with Dr Thani on 30/8/25, Xray neck looked normal. Dr Thani wanted to

lift more restrictions as per Matthew which he doesn't know, awaiting his letter with details.

Getting ache in neck with physiotherapy. Rt arm power 4/5, still has mild numbness in right index finger. Started getting some weakness/tiredness in left upper limb and on and off numbness in left little finger. Also gets pins and needles in lower limbs on and off mainly after inactivity/sitting for prolonged time.

Matthew has discussed this with Dr Thani and he was not worried about his symptoms.

Matthew has also noticed snoring at night which was there in the past but not everynight.

Update 5/8/25: Went ok with light duties, felt tired easily and also ache in the rt arm/shoulder and neck after work which is acceptable Building strength and range of movements in right upper limb with physiotherapy.

Update: 16/7/25: Slight numbness in right index finger but has improved from last time. mild pulling ache/spasm now and then in neck. No pain or pins or needles in arm or shoulders. Gets fatigued easily. Confident driving with few breaks in between. Not taking any analgesics. Seeing physio regularly.

Slight numbness in Rt index finger, mild pulling ache in both shoulders and neck. mild pins and needles in rt arm intermittently -nearly resolved

Not taking analgesics for last 2 weeks

Going well with physiotherapy exercises. Seeing physio every 2 weeks- next r/v 1/7/25

Current clinical diagnosis/diagnoses:

Right cervical radiculopathy (C6/C7 Broad based disc bulge with slight impingement of the spinal cord and also compression of right C7 nerve root.

Has the diagnosis changed since the last certificate?

Yes ☐

No ☒

N/A ☐

Does the diagnosis include a secondary injury as a result of the initial compensable injury?

Yes ☐

No ☒

eg. mental health injury as a result of a physical injury.

Provide details:

3. Injury management/treatment

Treatment and services

Include injury management strategies to increase capacity for work and/or address return to work barriers:

Physiotherapy r/v every 2-3 weeks, next due 25/9/25- today starting hydrotherapy

had C6/C7 arthroplasty and decompression 26/5/25 by Dr Thani

recommended remedial massage therapist- Natalie Claudia- 195 Invermay Road (0409 281 457)- to discuss with physio about his opinion on remedial massage.

List any medications prescribed for the injury related to this claim:

panadol as needed

Referral

Indicate any referrals you have made for the worker relevant to this review.

Name: imed

Specialty/Service: Radiology

I have referred the worker for the following:

MRI cervical spine - done today on 16/5/25

Name: Specialty/Service:

I have referred the worker for the following:

Name: Specialty/Service:

I have referred the worker for the following:

4. Capacity assessment

Physical function (if applicable)

Type 'X' to select the applicable option for every function listed.

	can	with modifications	cannot
Sit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand/walk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift- as tolerated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stairs/climbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck movement- as tolerated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach above shoulder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use affected body part- as tolerated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive regular vehicles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive/operate heavy machinery- as tolerated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Physical function comments: referring to the selections above, detail what the worker can and cannot do at work that will assist in identifying suitable duties. eg. *Lift: Cannot lift greater than 5kg above shoulder height, Bend: Can't bend below waist height.*

Psychosocial function (if applicable)

Type 'X' to select the applicable option for every function listed.

	can	with modifications	cannot
Interact and communicate with people	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maintain attention/concentration

☒☐☐

Adapt and respond to stressful, unpredictable, or changing circumstances

☒☐☐

Initiate and complete tasks/maintain energy levels- limited with right arm and shoulder

☒☐☐

Recall information (short/long term memory)

☒☐☐

Make decisions

☒☐☐

Psychosocial function comments: referring to the selections above, detail what the worker can and cannot do at work that will assist in identifying suitable duties. *eg. Interact with people: Can't serve customers but can interact with team members, Energy levels: Requires self-paced work.*

Other factors affecting capacity *eg. effects of medication.*

continued on next page

5. Certification of capacity

Taking into account the capacity assessment in section 4, the worker:

Select and complete any of the options below that apply to the worker (type X to select one or multiple options as applicable).

☐ **Is fit for pre-injury work from:** / /

☐ **Has capacity for pre-injury work with restrictions/modifications from:**

/ / to / /

Capacity for work (days/hours per week):

Comments about restrictions and modifications required to the worker's pre-injury duties. This might include graduated return-to-work hours/days for the certification period, factors affecting recovery, rest breaks, and reasonable adjustments required to facilitate recovery and return to work:

☒ **Has capacity for suitable alternative work from:**

15 / 09 / 2025 to 21 / 11 / 2025

Capacity for work (days/hours per week):

Matthew is happy to continue his usual 12 hour day work but if unable to sustain then can drop to 8-10 hours a day

Comments that will help the workplace identify suitable alternative work. This might include suitable tasks, graduated return-to-work hours/days for the certification period, rest breaks, factors affecting recovery and reasonable adjustments required to facilitate recovery and return to work:

Fit to do desk work, operate mine gem from the surface as tolerated .
Fit to participate in assisting in training process- can demonstrate physical training steps or maneuvers as tolerated. Take rest breaks as needed.
Can try underground work as tolerated. Can respond to SES and fire calls as a driver but no excessive manual lifting (not more than 10 kgs) as tolerated.

☐ Requires permanent alternative work from: / /

☐ Has no current capacity for any work from:

/ / to / /

Estimated time to return to any work: days or weeks.

If more than **28** days of total incapacity, then you must provide a reason and a review date.

Reason:

Review Date: / /

Review

Choose one of the options below.

☒ The worker requires further review by me. 21/11/25

☐ The worker does not require further review by me but requires ongoing treatment.

Provide details:

☐ The worker requires no further review or treatment.

I have discussed the different types of activities and functions the worker may (or may not) be able to perform in the workplace (select all that are applicable):

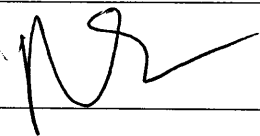
☒ With the worker

☒ With the worker's workplace case manager- Tammy-0491 151 667

☐ With the worker's rehabilitation provider or injury management coordinator

6. Certifier declaration

I certify that I have undertaken a consultation with the worker. The clinical opinions I have provided in this certificate are, to the best of my knowledge, true and correct.

Provider details	Norwood Medical Centre
Provider number	4813996T
Name of certifier	Renu Stocks
Date of issue	15/9/25
Signature of certifier	
On completion of this form, print and sign by hand.	



For more information contact: WorkSafe Tasmania
Phone: 1300 366 322 (within Tasmania)
Phone: (03) 6166 4600 (outside Tasmania)
Email: wstinfo@justice.tas.gov.au

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