# MAC Certificate of Work Capacity

Please return this form to: TIO Email: mac@tiofi.com.au

A valid Certificate of Capacity must be provided if you are claiming compensation for loss of earning capacity (LOEC) because of a motor vehicle accident. This certificate is valid for three (3) months.

Your medical practitioner will use this Certificate of Capacity to communicate with your Claims Officer about your work capacity.

Certifiers – Please type or use block letters and ensure that all relevant sections are complete. Incomplete forms may be returned.

## 1. Claimant Details

Name: Claim Number:

Address:

Date of Birth: MVA Date: Date of Examination:

## 2. Diagnosis

My Clinical Diagnosis /es based on my examination of the patient and other available information is:

## 3. Capacity for Work

Based on the patient's accident related physical or mental injury/ies, you should consider the patient's capacity for any work, regardless of the type of work or availability.

☐ Is capable of working full time, regardless of type of work from ____ /____ /____

☐ Is capable of working some hours in any employment from ____ /____ /____ _____ Hours of work per week

☐ Has no capacity for any (some) form of employment ____ /____ /____ to ____ /____ /____

Estimated timeframe to have a capacity to perform some type of work (if applicable) _____ days or _____ weeks

## 4. Capacity Assessment

Please provide a detailed explanation of your reasons for certifying the patient as per question 3.

## 5. Treatment Plan

Your treatment plan including injury management and, strategies to increase capacity for work:

## 6. Medical Practitioner Declaration

I certify that I have clinically examined this patient. The information and medical opinions I have provided in this certificate are, to the best of my knowledge, true and correct.

Provider Name:

Provider Number or Hospital Name:

Address:

Contact Number and Email:

Preferred Contact Times & Method:

Signature: Date: ____ /____ /____

## 7. Patient Declaration – CLAIMANT TO COMPLETE

**MANDATORY (UNLESS FIRST CERTIFICATE OF CAPACITY)**
At any time since the last Certificate of Capacity was provided, have you engaged in:

- Voluntary work, or
- Any form of employment or self-employment

☐ No, I have not

☐ Yes, I have

Please provide details of any voluntary work, employment or self-employment you have engaged in and any amounts you have earned.

**I declare that the details I have given on this certificate are true and correct. I understand that it is an offence under the legislation to provide false or misleading information.**

Patient's Signature: Date: ____ /____ /____