

Work Capacity Medical Certificate



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER | |

This information will be used to establish the person's entitlement to benefit and assist them into work.

Personal details

Q1 note: If the person is known by more than one name, please provide the person's last name as it appears on their passport or birth certificate.

Q4 note: If you are not the person's usual medical practitioner you can still complete this form.

Q5 note: Work and Income may seek a second opinion.

- What is the applicant's name?
First name(s) Surname or family name
- What is the applicant's residential address?
- What is their date of birth? Gender: Male Female
Day Month Year
- Are you the person's usual practitioner? No Yes
- Who do you consider best placed to provide this information? Yourself Second opinion
Other ▶

Hospitalisation

- Is the person in hospital?
 No Yes ▶ Hospital name:
Date of admission Expected length of stay (days)
Day Month Year

Pregnancy details

Q7 note: Sickness Benefit for pregnancy may start from the beginning of the 27th week of pregnancy or earlier in the case of associated illness or complications. It can be payable for up to 13 weeks after the birth of the baby.

- Is the condition pregnancy related? No ▶ Go to Question 11 Yes
- Has the baby been born? (READ Code L2o..) No Yes ▶ Date of delivery: ▶ Go to Question 20
Day Month Year
- Is the person 27 or more weeks pregnant? (READ Code ZV22.) No Yes ▶ Due date: ▶ Go to Question 20
Day Month Year
- Is the person less than 27 weeks pregnant with complications?
 No Yes ▶ Please provide details below:

READ Code	Description
1.	<input type="text"/>
2.	<input type="text"/>

Go to Question 20

Sickness, injury or disability

Q11 note: Please list the condition with the greatest impact on ability to work first. Include all relevant conditions including mental health, pain or obesity related.

Q12 note: Blindness a person must meet one or both of the following criteria:

- their best visual acuity, with correcting lenses, does not exceed 3/60 or 1/20 and/or
- their visual field is contracted to a maximum of five degrees on either side of the fixation point.

Q13 note: People who have ACC cover, or are awaiting a cover decision, may still be entitled to assistance from Work and Income.

- What are the main clinical conditions affecting the person's ability to work? (List in order of priority)

READ Code	Description	Covered by ACC?
1.	<input type="text"/>	Yes / No
2.	<input type="text"/>	Yes / No
3.	<input type="text"/>	Yes / No
- Is the person blind? (See Question 12 note) No Yes
- If covered by ACC, what is the ACC Number?
- How do the conditions listed in Question 11 impact on the person's capacity for work and the type of work they can undertake?

Impact on capacity for work

Work and Income would like to work with people to help them return to work when appropriate. For many people employment can play a significant role in their recovery.

This section asks you to provide information on how long the person's conditions and incapacity for work are expected to last, when these may change and what is being or could be done to assist the person into work.

Full-time and part-time work refer to suitable open employment that takes into account relevant restrictions.

Open employment is any mainstream employment in the open labour market which pays no less than the minimum wage and excludes any employment designed to cater for the needs of a severely disabled person.

Q17 note: Please indicate if the person is receiving treatment which may affect their capacity for work.

15. Do the conditions listed in Question 11 limit the person's capacity to work for 30 hours or more per week?
 No ▶ Go to Question 22 Yes
16. Do the conditions listed in Question 11 limit the person's capacity to work regularly in open employment for 15 hours or more per week?
 No
 Yes ▶ Is the person's incapacity for work expected to last at least 2 years? No Yes
OR: ▶ Is the person's life expectancy less than 2 years? No Yes

17. Is the person receiving active treatment or under the care of a specialist for any of the conditions listed in Question 11?

No Yes ▶ Please provide details below:

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18. When is the person likely to be capable of:

	Now	< 3 months	3-6 months	> 6 months	Unlikely in less than 1 year
Work planning					
Limited training (less than 15 hours per week)					
Training (at least 15 hours per week)					
Limited part-time work (less than 15 hours per week)					
Part-time work (at least 15 hours per week)					
Full-time work (30 hours or more per week)					

19. Are there other treatments or interventions that could assist the person into work?

No Yes ▶ Please provide details below:

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Q20 note: Please indicate the date from which the person was first unable to work as a consequence of their medical condition, or the date indicated on the client's re-assessment letter.

20. The person is unable to work from: / /
Day Month Year

21. When should the person's capacity for work next be assessed?
 / / 2 years 5 years Never
Day Month Year

Comments

Q23 note: Please provide a copy of any additional assessments or reports that may help Work and Income assist the person into work. This may include ACC assessments or NASC reports.

22. Would you like Work and Income to contact you about this person's condition or ability to work? No Yes

23. Please provide any comments that would assist Work and Income to determine entitlement to benefit and/or assist the person into work.

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Health practitioner identity

Where the person (their guardian, legal representative, or agent) has not consented to the release of information, Work and Income will be unable to take this information into account when considering an application for benefit.

Clarification or current information may be required if there have been more than 20 working days between examination and completion of the certificate.

HPI No: Practitioner type: Doctor Dentist Midwife

I have discussed the information contained in this form with the person (their guardian, legal representatives, or agent) and they have agreed with the information being provided to Work and Income. No Yes

Health practitioner's full name

Practice name Telephone number
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Health practitioner's signature Date person examined / / Date certificate completed / /
Day Month Year Day Month Year