Form

Declaration of worker residing outside Australia

Proof of identity and incapacity

Regulation 6A pertains to Section 65B(2)(a) of the Return to Work Act and requires a worker to give the employer, at intervals of not less than 3 months, a declaration by the worker and a medical practitioner or, if the worker is living in another country, a person registered under the law of the country that provides for the registration of persons practising the medical profession in a form approved by the Authority. This form is the approved form for the declaration.

PART 1

Employer or employer's insurer details					
Name of employer or employer's insurer:					
Address:					
Suburb:		State:		Postcode:	
Work number:		Email address:			
Claim number:					

Worker details					
Surname:					
Given names:					
Date of birth:	/ /	Gender:	Male ☐ Female ☐		
Residential address:					
Suburb:		State:		Postcode:	
Postal address:					
Suburb:		State:		Postcode:	
Phone number:		Email address:			

Declaration of worker

I _____

of _____ declare

on (date) / / I suffered an injury or disease to my (state part of body affected) _____

which happened as follows (describe how it happened)

_____

Before my injury or disease I was working as a (state type of occupation) _____

I am currently in paid employment Yes ☐ No ☐

I have truthfully answered all the questions I have been asked and have fully cooperated to the best of my ability during the course of the medical examination by the doctor identified on page 2 of this declaration.

Name (printed):		Date:	/ /
Signature:			
Date that this declaration was forwarded to employer or employer's insurer:	/ /	Posted ☐	Emailed: ☐

The completed declaration of the worker PART 1 must be sent to the employer or employer's insurer with the completed declaration of the doctor PART 2

PART 2

Declaration of doctor					
Name of doctor:					
Address of doctor:					
Suburb:		State:		Postcode:	
Postal address:					
Suburb:		State:		Postcode:	
Phone number:		Email address:			
Medical qualifications:					

Date of examination:	/ /						
I declare that I have examined the person named on PART 1 of this declaration and I have confirmed that the person who I examined was that person through the sighting of an official document of the government of this country that contained all the following information about the person:							
Name ☐	Address ☐	Date of birth ☐	Photograph ☐				
The document I used to confirm identification was (for example a passport):							
The results of my examination of the person named as the worker in PART 1 of this declaration are set out below:							
In my opinion that as from the date of this statement, the worker is:							
Fit to return to ***pre-injury duties, no further treatment*** required.							☐
Fit to return to ***pre-injury duties***, but ***requires further treatment***							☐
Fit to return to work for restricted hours / days from:							☐
/ /	to / / (inclusive)	hours per day		hours per week			
Fit to return to work **<u>on restricted duties</u>** from:	/ / to / / (inclusive)						☐
Restricted duties:	Avoid prolonged standing / walking / sitting						☐
	Avoid prolonged standing / walking / sitting						☐
	Avoid squatting / kneeling / ladders / steps						☐
	No lifting anything heavier than:	5kg ☐	10kg ☐	15kg ☐	20kg ☐		☐
	Avoid repetitive use of affected body part						☐
	Avoid repetitive bending / lifting						☐
	Other (please specify)						☐
Totally unfit for work from:	/ / to / / (inclusive)						☐

Medical management plan					
Treatment (specify):					☐
Medication (specify):					☐
Referred to specialist: (specialty/name):					☐
Date of appointment:	/ /	Time of appointment;		AM ☐ PM ☐	
Referred to hospital (specify):					☐
Referred to Allied Health Professional(s):					
Physiotherapist name:		Number of sessions recommended			
Chiropractor name:		Number of sessions recommended			
Other (specify):					

Name of doctor (printed):		Date:	/ /
Signature of doctor:			

If a worker resides outside Australia, proof of the worker's identity and incapacity is required every three (3) months