

# Nurse practitioner workers' compensation certificate

CLAIM ENQUIRIES  
WorkCover Queensland 1300 362 128  
Self Insurance or other enquiries 1300 361 235

This certificate is an approved form under the **WORKERS' COMPENSATION AND REHABILITATION ACT 2003**

- New claim  
 On-going claim      Claim number \_\_\_\_\_

## Injured worker details

I certify that on \_\_\_\_\_ I attended (given names) \_\_\_\_\_  
(surname) \_\_\_\_\_ (DOB) \_\_\_\_\_

Worker's daytime contact phone number \_\_\_\_\_

Worker's employer name \_\_\_\_\_

He/she was/is suffering from (list all medical diagnoses relevant to the claim):

Is this a provisional diagnosis     Yes     No

If Yes, I have ordered:  Diagnostic imaging     Pathology     Other investigations

Details:

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Worker was first seen at this practice/hospital for this injury/disease on \_\_\_\_\_

Worker's stated date of injury \_\_\_\_\_

Worker's stated cause of injury \_\_\_\_\_

Injury/disease is consistent with worker's description of cause:  Yes     Uncertain

Pre-existing factors or conditions relevant to the diagnosis (if not previously supplied):

## Worker's capacity for work

- Fit to return to normal duties from \_\_\_\_\_  
 Not able to work at all from \_\_\_\_\_ to \_\_\_\_\_ (up to 10 days from date of injury)  
 Worker will be reviewed again on \_\_\_\_\_  
 Worker to be reviewed by a medical practitioner before returning to work

Referred to: \_\_\_\_\_

## Further information (optional)

Details of findings/clinical notes relevant to the condition:

Medication prescribed: \_\_\_\_\_

I would like the workers' compensation insurer to contact me upon receipt of this certificate

Preferred method of contact by insurer: day(s)/time(s) \_\_\_\_\_  Phone  Fax  Email

## Nurse Practitioner details (please print clearly or use practice or hospital stamp)

Name: \_\_\_\_\_ Practice/hospital name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practice/hospital stamp here

For nurse practitioner information about workers' compensation visit [qcomp.com.au/i-am-a/medical-professional](http://qcomp.com.au/i-am-a/medical-professional)

Original signed copy – Insurer | Second copy – Employer | Third copy – Worker | Fourth copy – Nurse Practitioner

VERSION 1

This form was approved by the Chief Executive Officer of Q-COMP, the Workers' Compensation Regulatory Authority, on 1 April 2010, pursuant to section 586 of the *Workers' Compensation and Rehabilitation Act 2003*. PRIVACY STATEMENT – Under the *Workers' Compensation and Rehabilitation Act 2003* and earlier Queensland workers' compensation legislation, the workers' compensation insurer is authorised to collect the information on this form to process the claimant's application for compensation. Some or all of the information contained in this form may be disclosed to the claimant's employer, another insurer, medical or allied health providers or any other workers' compensation authority in any jurisdiction.