

## Medical Certificate For ACT Workers Compensation Claims - to be completed by a Doctor

AF2002-91 Workers Compensation Act 1951-Form 1

,	n's surname/fa	Given Names				Date of birth					
Date of injury	,	Date of ini	itial asses	ssment				J I			
/	/	/	/								
	ete the followi clinically relev			with referen	ce to clinical ex	kaminatioi	n, any invest	igation	s, and a	pproved	l medi
Description of Injury/ Aetiology											
	Is the injury/	disease con	sistent w	rith the aetio	logy described	by the pa	tient?	Yes	N	lo	
Diagnosis											
Prognosis											
Treatment											
ii eatilielit											
relation to the pati	·	e changes with 1	reference to	approved medic	tion or aggrava	y relevant res			_		ategorie
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