



DVA Rehabilitation Program Medical Certificate

This form is used by DVA as evidence of a client's capacity to undertake vocational rehabilitation activities, and their capacity to work

Client Details

Client name

Date of Birth

/

/

REH Number

Work Capacity Details

1. Does the client have capacity for some kind of work?

Yes

☐

► If YES, please indicate the types of work that would be suitable for the client to perform taking into account their conditions and limitations.
ie. Suitable Roles, industries, and/or work environments

What specific limitations does the client have in relation to the work they can perform? *Eg. Limitations with sitting, standing, lifting, walking, bending, etc.*

What hours would the client be capable of working in a day and over the course of a week? *If the hours/days for which they are capable of working will change please advise these details.*

No

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► If NO, please indicate the start and end date of the period of time that the client will not have capacity for some kind of work.

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to

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What specific condition, illness or injury is causing this incapacity?

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Capacity to participate or engage in vocational rehabilitation

2. Does the client have the capacity to engage in vocational rehabilitation?

Yes ☐

No ☐

3. Does the client have the capacity to engage in a functional capacity evaluation/assessment?

Yes ☐

No ☐

4. Does the client have the capacity to engage in study or training?

Yes ☐

▶ What hours would the client be capable of studying or training in a day and over the course of a week?

Are there any factors to consider that may impact upon the client's ability to study or participate in a training course?

ie. Psychological, medical, health related factors

No ☐

5. Does the client have the capacity to engage in a Work Trial?

Yes ☐

▶ What hours would the client be capable of undertaking for a Work Trial in a day and over the course of a week?

Are there any psychological/medical/health related factors or limitations to consider that may impact upon the client's ability to participate in a Work Trial?

Please note: This information will be used to inform the suitable duties devised for the Work Trial. Please ensure it is clear and comprehensive.

Are there any modifications or supports to a work environment or role that would be required for the client to successfully participate in a Work Trial?

No ☐

Medical/Health Practitioner Details

Name		
Profession/Speciality		
Provider Number		
Practice/Clinic Details		
Signature		Date / /
Practitioner's Stamp Where applicable or available		

Please return the completed form to the client, or the DVA Rehabilitation consultant.

**The consultant can return the form to DVA by uploading it to the Provider Upload Page (PUP).
Ensure 'Medical Evidence' is selected as the *document type* when uploading.**

If you are unable to upload via the PUP please wait at least three (3) hours and retry. If there are persistent issues with uploading via the PUP please check the troubleshooting information available. If you are having ongoing issues with the PUP you may return the form to DVA as a PDF attachment in an email to rehabilitation@dva.gov.au

Email is only to be used in exceptional circumstances after confirming with the Stakeholder Engagement Manager that there is an ongoing PUP issue.

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We may collect personal information from you directly through this form, as well as from medical practitioners and contracted service providers who assist DVA in delivering claims, treatment, services and wellbeing-related programs. We may disclose personal information to these providers and to other Commonwealth agencies where required to perform our functions or by law. DVA may disclose personal information to overseas recipients in limited circumstances, including where necessary to deliver services offshore or to support commemorative and memorial functions, as outlined in our Privacy Policy.

If you do not provide information requested in this form, DVA may be unable to assess your claim or provide the relevant services, treatment or wellbeing support.

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