

**You can complete and lodge Medical Certificates through Health Professional Online Services (HPOS).**  
Go to [servicessaustralia.gov.au/healthprofessionals](http://servicessaustralia.gov.au/healthprofessionals)

## When to use this form

This Medical Certificate, along with other medical information, is used to help Services Australia make decisions about the following:

## Customers with Mutual Obligation Requirements

Mutual Obligation Requirements means Activity Test or participation requirements under the *Social Security Act 1991*. People receiving JobSeeker Payment or Youth Allowance and some people receiving Parenting Payment and Special Benefit may be granted an exemption from their Mutual Obligation Requirements (the need to actively seek work or participate in an activity) if they have a temporary incapacity for all work due to sickness or an injury. We can grant a temporary incapacity exemption for a maximum period of 13 weeks based on a single Medical Certificate. Where a Medical Certificate indicates a reduced capacity to work, a person may have reduced Mutual Obligation Requirements.

## Customers with a serious illness

We may use this Medical Certificate to grant longer-term exemptions from Mutual Obligation Requirements or participation requirements for people suffering from and undergoing treatment for a serious illness, where recovery will take a long time.

This includes people receiving treatment or rehabilitation for cancer/leukaemia, severe stroke, severe burns or severe physical injuries.

A person with this type of serious illness may be exempt from Mutual Obligation Requirements or participation requirements for up to 12 months initially (with a possible extension of up to 6 months), without having to lodge a new Medical Certificate every 13 weeks.

## Customers with participation requirements

People with participation requirements receiving Disability Support Pension or Parenting Payment can provide a Medical Certificate and be granted a temporary exemption for up to 13 weeks if they are temporarily incapacitated due to illness or accident.

## Returning this Medical Certificate

You can complete and lodge Medical Certificates through Health Professional Online Services (HPOS). Go to [servicessaustralia.gov.au/healthprofessionals](http://servicessaustralia.gov.au/healthprofessionals)

There are 2 ways to return this certificate and any supporting documents:

- give it to your patient
- **by post to**  
**Services Australia**  
**Disability Services**  
**PO Box 7806**  
**CANBERRA BC ACT 2610**

## Medical Practitioners looking for help with our medical forms

If you need assistance to complete this Medical Certificate, call us on **132 150**.

## To re-order Medical Certificate forms

There are 4 ways you can re-order Medical certificates:

- 1 Ordering through our online services is faster and easier. Complete and lodge a Medical Certificate order through Health Professionals Online. For more information, go to [servicessaustralia.gov.au/healthprofessionals](http://servicessaustralia.gov.au/healthprofessionals)
- 2 Email the information requested in the re-order form supplied in this pad to:  
**MEDI.ONLINE@servicessaustralia.gov.au**
- 3 Complete and post the re-order form supplied in this pad.
- 4 Call us on **1800 801 667**. This is a toll-free number and only for the 'Medical Certificate Ordering Services'.

## Confidentiality of information

The personal information that is provided to you for the purpose of this certificate must be kept confidential under section 202 of the *Social Security (Administration) Act 1999*. It cannot be disclosed to anyone else unless authorised by law. There are penalties for offences against section 202 of the *Social Security (Administration) Act 1999*.

## Release of medical information

The *Freedom of Information Act 1982* allows for the disclosure of medical or psychiatric information directly to the individual concerned. If there is any information in your certificate which, if released to your patient, may harm their physical or mental well-being, attach a statement identifying it and briefly state why you believe it should not be released directly to the patient. Similarly, specify any other special circumstances which should be taken into account when deciding on the release of your certificate.

## Additional information for medical practitioners completing the Medical Certificate

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### Diagnosis

Detail each medical condition that has a **significant impact** on your patient's ability to work. Avoid grouping conditions together. This will enable us to take into account the separate impacts of each condition and better assess your patient's work capacity. For the 'Secondary/Related condition(s)' list **any** condition with the next most impact on capacity to work or study.

Wherever possible, identify the condition by means of a medical diagnosis rather than a symptom of the condition – for example, 'cervical spondylosis' rather than 'neck pain'. Provide a detailed diagnosis – for example, 'major depressive disorder' or 'adjustment disorder with depressed mood' rather than 'depression'. Include staging and/or disease classification, where appropriate.

### Is the condition temporary or permanent?

Indicate if the underlying medical condition is temporary (expected to resolve within 2 years), permanent (likely to persist for 2 years or more), or if your patient is currently experiencing a temporary exacerbation of a permanent condition.

### Prognosis

For this certificate, prognosis refers to the outlook of the **functional impact** of your patient's medical condition. This should take into account any anticipated improvement in functional capacity from future/planned treatment, including functional restorative intervention.

### Symptoms

Include symptoms that persist for each condition **despite** treatment, aids, equipment or assistive technology. Be specific and include severity, frequency and duration of symptoms.

### Treatment

Detail past, current and future/planned treatment.

Treatment is taken to include symptom management and functional rehabilitative intervention and is not limited to curative treatment.

### Capacity to work or study

This section relates to a temporary incapacity for work or study.

The 2 questions distinguish capacity for usual work or study and capacity for any other work. Assessment of work capacity should only take into account the impacts of your patient's medical conditions and should not take into account any non-medical factors such as age, work experience, education or language barriers. It is an assessment of capacity for **any** work, not just previous work.

Your patient may be able to access government-funded employment services and programs. List any factors (medical or non-medical) that may affect your patient's ability to participate in work and any assistance or intervention you believe may be of benefit.

Centrelink customers: did you know? You can lodge this certificate with us using Online Services or one of our Express Plus Apps.  
Go to [servicesaustralia.gov.au/submitdocumentsonline](http://servicesaustralia.gov.au/submitdocumentsonline)

**Patient's details**

Family name

First name

Second name

Date of birth  /  /

CRN  -  -  -

Home address

Postcode

This person has been: My patient since  /  /

A patient of this practice since  /  /

**Primary condition**

**Diagnosis** — List the main medical conditions which impact on the patient's capacity to work or study  
(Primary condition should be the condition with the **most** impact).

**Secondary/Related condition(s)**

**Date of onset** (if known)  /  /

**Is this condition** – Tick **one** only

Temporary  Permanent  Temporary exacerbation   
(likely to persist for 2 years or more) (likely to persist for 2 years or more) (likely to persist for 2 years or more)

**Date of onset** (if known)  /  /

**Is this condition** – Tick **one** only

Temporary  Permanent  Temporary exacerbation   
(likely to persist for 2 years or more) (likely to persist for 2 years or more) (likely to persist for 2 years or more)

**Prognosis** — Estimate how long the symptom(s) will affect the patient's capacity to work or study.

Less than 3 months  3–12 months  13–24 months  More than 24 months  Uncertain

Less than 3 months  3–12 months  13–24 months  More than 24 months  Uncertain

**Symptoms** — List current symptoms for each condition.

**Treatment** — Describe the patient's treatment regime, including past, current and planned treatment.

Past:

Current:

Planned:

Past:

Current:

Planned:

Give details of any other medical conditions which impact on the patient's capacity to work or study.

**Capacity to work or study**

In my opinion the patient is/has been unfit for work/study  
from  /  /  to  /  /

Can the patient do any other work for 8 hours or more per week?  
Yes  No

In order to prepare your patient for return to work or study, certain assistance may be offered. Identify any factors which may impact on participation.

**Certification by Medical Practitioner**

Doctor's name (printed)

Qualifications  Provider no.

Surgery/Medical Centre/ Hospital name

Address

Postcode

Phone number

Signature

Date  /  /



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## Privacy notice

### Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to [servicesaustralia.gov.au/privacy](https://servicesaustralia.gov.au/privacy)