

Medical Certificate for Capacity to Work

Name of veteran:

Veteran's ID No:

Address:

Diagnosis of relevant health condition(s):

Barriers or limitations to work due to health condition(s): eg. poor concentration, reduced standing tolerance.

Work Capacity - please select appropriate option(s):

1. The veteran is **fully unfit** and unable to work in all types of work from: to:
NB. Medical certificates cannot be issued for more than 13 weeks.
2. The veteran is **fit for selected duties or reduced hours** from: to:
Describe limitations: eg. no lifting or forceful movements, avoid noisy environments

If graded return to work:

Recommended hours per day:

Recommended days per week:

from:

to:

Recommended hours per day:

Recommended days per week:

from:

to:

3. The veteran is **fully fit** for work date:
Any restrictions to type of work (current/previous role – any job)?

Provider Details:

Name of GP/Specialist:

NZMC number:

Practice address:

Email:

Phone number:

Provider Declaration: I certify that, on the date shown, I have personally examined and/or treated the veteran. The veteran (or their representative) has authorised me to provide this information to Veterans' Affairs on their behalf.

Signed:

Date:

NB. Please note that Medical Certificates can only be issued for a **maximum period of 13 weeks** unless there are exceptional circumstances (please contact Veterans' Affairs to discuss).

Exceptional Circumstance granted by Veterans' Affairs Date:

Medical Certificate Frequency now _____