

Medical Certificate for Work Capacity

- General Practitioners are required to assess the veteran in person or via a telehealth appointment to complete this document.
- Veterans' Affairs will only consider support for accepted service related conditions. Review the veterans treatment card for their accepted conditions.
- Medical Certificates can only be issued for a maximum period of 13 weeks.
- Give the veteran a copy of this medical certificate.
 - Send the complete version to their case manager (if known) or to veterans@nzdf.mil.nz.

Claimant details

1 Veteran's full name

2 Veteran's date of birth? / / (DD/MM/YYYY)

3 Veteran's NHI number?

Fitness for work

4 What is the accepted condition(s) that is causing the veterans incapacity to work?

5 What is the veterans current work capacity?

☐ **Unfit for any work**

From: To:

☐ **Fit for some work** (reduced days, hours or duties)

From: To:

Recommendations/restrictions:

☐ **Fit to return to work** (30 hours of work or more in any work role)

From:

Medical Certificates can only be issued for a maximum period of 13 weeks.

6 Outline any treatment recommendations for this veteran:

7 Confirm that you assessed this veteran in person/via telehealth

Yes

☐

No

☐

8 Confirm the veterans' next GP appointment. Ensure this is booked prior to the expiry date of this medical certificate):

 / / (DD/MM/YYYY)

Confirm and sign

9 Privacy and consent:

☐

I confirm that the information provided in this form is true and complete.

☐

I am aware there are penalties for providing false information as set out in the information sheet.

I have spoken with the veteran and can confirm that **the veteran**:

☐

Acknowledges that as part of processing this application, Veterans' Affairs may obtain further information in addition to what they have provided.

☐

Has consented to the release and collection of health, clinical or other information to Veterans' Affairs held by any health practitioner, hospital, clinic, insurance company, Accident Compensation Commission, Ministry of Social Development, Department of Internal Affairs or other persons or agencies for the purpose of assessing and processing this application and administering any resulting entitlement or assistance.

☐

Has read and understands the privacy statement. The full statement is available on our website: www.va.mil.nz/privacy

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General Practitioner details

Name:

Email:

Clinic details:

CPN (HPI number):

What is your Medical Council registration number?

Signature:

Today's Date:

 / / (DD/MM/YYYY)