WA Police Force
Health and Safety Division
Level 13 Westralia Square
141 St Georges Terrace
Perth WA 6000
police.wa.gov.au

Former Police Officers' Medical Benefits Scheme – Medical Certificate

Insurance Commission of Western Australia

Level 13, Forrest Centre
221 St Georges Terrace
Perth WA 6000

GPO Box K837
PERTH WA 6842

Tel:(08) 9264 3333
lcwa..wa.gov.au

Police (Medical and Other Expenses for Former Officers) Act 2008

To be completed by medical practitioner and attached to claim form

1. FORMER OFFICER DETAILS

Last name:	First name:
Date of birth:	Gender: Male ☐ Female ☐
Residential address:	
Phone:	Email:
Role/position at time of incident:	
Branch/location:	

2. CONSENT AUTHORITY

I consent to any medical practitioner who treats me (whether named on this certificate or not) to discuss my medical condition with the WA Police Force, the Insurance Commission and other medical or allied health professionals for the purpose of my claim for medical expenses under the *Police (Medical and Other Expenses for Former Officers) Act 2008*.

Print name:	Date:
Former officer's signature:	

3. FOMER OFFCIER'S DECSRIPTION OF INJURY

Date of injury:
What happened?
Former officer's symptoms:

4. MEDICAL ASSESSMENT

Date of this assessment:
Clinical findings:
Diagnosis:
The injury/symptoms are consistent with the worker's description of how the injury occurred: Yes ☐ No ☐
The injury is: A new condition ☐ a recurrence of a pre-existing condition ☐

5. MEDICAL MANAGEMENT

☐ Medication:

☐ Approved allied health treatments (specify type and include number of sessions recommended):

☐ Imaging required:

☐ Referred to hospital/specialist (name):

☐ Other treatment:

6. NEXT REVIEW DATE

☐ Worker does not need to be reviewed again (first and final certificate)

☐ I will review worker again on (if greater than 14 days, please provide clinical reasoning)

Comments:

7. MEDICAL PRACTITIONERS DETAILS

Name:	AHPRA no. MED:	
Address:		
Phone:	Email:	
Signature:		Date:
Practice stamp – optional		