



# Medical Certificate

This Medical Certificate must be completed by an appropriately qualified medical specialist or if the injured person is a child under 12, it must be completed by a Paediatric Rehabilitation Physician/Specialist.

The Catastrophic Injuries Support Scheme provides necessary and reasonable treatment, care and support for people who have sustained eligible spinal cord injury, brain injury, amputations, burns or permanent blindness from a motor vehicle accident in Western Australia on or after 1 July 2016.

FIM™ or WeeFIM® assessments must have been completed within one month of the date of the medical certificate by someone trained in the use of the FIM™ / WeeFIM® instrument and who meets the eligibility criteria for credentialing as outlined by the Australasian Rehabilitation Outcomes Centre (AROC).

## 1. Personal details of the injured person

|                      |                      |                                      |                      |
|----------------------|----------------------|--------------------------------------|----------------------|
| <b>UMRN:</b>         |                      | Crash number                         | Date of accident     |
| <input type="text"/> |                      | <input type="text"/>                 | <input type="text"/> |
| Title                | Given name(s)        | Family name                          |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                 |                      |
| Date of Birth        | Gender               | Aboriginal or Torres Strait Islander |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                 |                      |

## 2. Injury details

**Brain injury**

PTA is 7 days or more and/or for children 3-8 years a GCS less than 9

**OR**

PTA is not available but the person has a significant brain imaging abnormality

**OR**

Evidence of very significant impact to the head causing coma for longer than 1 hour

**Less than 3 years old**

The child will probably have permanent impairment resulting in significant adverse impact on their normal development. (Please provide the reasoning in Additional information)

**As applicable, attach FIM™/WeeFIM® score sheet/PTA Scale/medical diagnosis**

**Spinal cord injury**

Permanent neurological deficit

Neurological (SCI) level  ASIA impairment scale

**Attach ASIA score sheet and medical diagnosis**

**Amputations**

1) **Brachial plexus or lumbosacral avulsion equivalent to a single amputation**  Left  Right

2) **Single**

Single forequarter amputation / shoulder disarticulation  Left  Right

**OR**

Single amputation of the lower limb through or above 65% of the femur  Left  Right

3) **Multiple amputations – there is more than one of the following amputations of the upper/and/or lower limbs** **Please select at least 2 from below**

At or above 50% of the tibia (lower limb)  Left  Right

At or above the first metacarpophalangeal joint of the thumb and index finger of the same hand  Left  Right

## Burns

### Aged 16 and under

- The child has full thickness burns to at least 30% of the body, or full thickness burns to the hands, face or genital area, or permanent inhalation burns causing long-term significant respiratory impairment.

### Aged over 16

- Full thickness burns to at least 40% of the body, or full thickness burns to the hands, face or genital area, or permanent inhalation burns causing long-term significant respiratory impairment.

**% Burns**  
(Total Body Surface Area)

**Attach Burns Assessment sheet and FIM™/WeeFIM® score sheet and medical diagnosis**

## Permanent blindness

The injured person is legally blind as demonstrated by:

- (a) Visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes;  
or
- (b) Field of vision constricted to 10 degrees or less of arc around central fixation in the better eye irrespective of corrected visual acuity (equivalent to 1/100 white test object); or
- A combination of visual defects resulting in the same degree of visual loss as that occurring in (a) or (b)

**Attach Snellen Scale score sheet and medical diagnosis**

## Declaration

I declare that:

- I am a medical specialist experienced in the injury type described in this form and the information provided is correct.

And

- I have examined the injured person and to the best of my knowledge, the injuries are consistent with the motor vehicle accident reported, or are consistent with the trauma that may arise out of a motor vehicle accident.

Medical specialist's name

AHPRA registration number

Hospital/facility

Contact phone number

Signature

Date

## 3. Additional information