 **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**

Crash number Date of accident

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **UMRN:**   |  |   |  |   |

Title Given name(s) Family name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |  |   |  |   |

Date of Birth Gender Aboriginal or Torres Strait Islander

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |  |   |  |   |

1. **Injury details**

|  |
| --- |
| **Brain injury****OR****OR****Less than 3 years old** **Attach**  **FIM™ or WeeFIM® worksheets** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Spinal cord injury**  Neurological (SCI) level ASIA impairment scale

|  |  |  |
| --- | --- | --- |
|   |  |   |

**Attach ASIA score sheet**  |

|  |  |
| --- | --- |
| **Amputations**1. **Brachial plexus or lumbosacral avulsion equivalent to a single amputation**
2. **Single**

Single forequarter amputation / shoulder disarticulation**OR**Single amputation of the lower limb through or above 65% of the femur1. **Multiple amputations – there is more than one of the following amputations of the upper/and/or lower limbs**

At or above 50% of the tibia (lower limb)At or above the first metacarpophalangeal joint of the thumb and index finger of the same hand | **Please select at least 2 from below** |

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|  |  |
| --- | --- |
| **Burns****Aged 16 and under****Aged over 16****% Burns**(Total Body Surface Area)

|  |
| --- |
|   |

**Attach Burns Assessment sheet and FIM™ / WeeFIM® worksheets**  |

|  |
| --- |
| **Permanent blindness**The injured person is legally blind as demonstrated by: **Attach Snellen Scale score sheet if applicable** |

**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

|  |  |  |
| --- | --- | --- |
|  |  |   |

1. **Additional information**



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