

You can complete and lodge Medical Certificates through Health Professional Online Services (HPOS).  
Go to [servicessaustralia.gov.au/healthprofessionals](http://servicessaustralia.gov.au/healthprofessionals)

## When to use this form

The information you provide to us will help Services Australia make decisions about your patient for the following:

### Exemption from Mutual Obligation Requirements

People paid JobSeeker Payment or Youth Allowance, and some receiving Parenting Payment or Special Benefit may be required to actively seek work, study and/or participate in activities to help them find and keep work. For example, undertake preparation for suitable work, or participate in an approved training program course or activity.

People with a short-term incapacity because of an illness or injury, may seek an exemption from actively seeking work, study or participating in activities.

A temporary incapacity exemption should be requested for **only** the period medically required and may be granted for an initial maximum period of 13 weeks.

### Exemption for people with a serious illness

People with a serious illness may seek a long-term exemption from the need to actively seek work, study or participate in activities.

A serious illness exemption may be granted for up to 12 months (with a possible extension of up to 6 months).

### Exemption from Disability Support Pension participation requirements

When a person has a short-term illness or injury, including temporary exacerbation of a long-term or permanent condition, they may seek an exemption from participating in these activities.

A temporary incapacity exemption should be requested for **only** the period medically required and may be granted for an initial maximum period of 13 weeks.

### Accessing support for job seekers and people with an illness, injury or disability

People with an illness, injury or disability may be eligible to access government-funded employment services and programs to assist them to find and keep work. An assessment may be conducted to decide the most appropriate support and assistance.

## Returning this Medical Certificate

Return this form and any supporting documents by giving it to your patient to lodge with Services Australia or upload using their online account.

## Medical Practitioners needing help with this form

If you need assistance to complete this form or help with selecting the appropriate consultation item for completing this form, call us on **132 150**.

### Accessing Medical Certificate forms

- Consider completing and lodging Medical Certificates through Health Professional Online Services (HPOS), for more information go to: HPOS – Services Australia
- For bulk supplies, email the information requested in the re-order form supplied in this pad to: **MEDI.ONLINE@servicessaustralia.gov.au**
- Or, complete and post the re-order form supplied in this pad

## Confidentiality of information

The personal information that is provided by your patient for the purpose of this certificate must be kept confidential under section 202 of the *Social Security (Administration) Act 1999*.

It cannot be disclosed to anyone else unless authorised by law. There are penalties for offences against section 202 of the *Social Security (Administration) Act 1999*.

## Release of medical information

The *Freedom of Information Act 1982* allows for the disclosure of medical or psychiatric information directly to the individual concerned. If there is any information in the medical certificate, which, if released to your patient, may harm their physical or mental well-being, attach a statement identifying the information and briefly state why you believe it should not be released directly to the patient. Similarly, specify any other special circumstances, which should be taken into account when deciding on the release of the medical certificate.

## Additional information for medical practitioners completing the Medical Certificate

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### Classification – functional impact of medical condition

- Less than 13 weeks – functional impact is expected to fully resolve within 13 weeks and includes temporary exacerbations of permanent conditions.
- 13 weeks up to 24 months – functional impact is expected to persist for 13 weeks up to 24 months, and includes temporary exacerbations of permanent conditions. May be receiving treatment or rehabilitation for cancer/leukemia, severe stroke, acquired brain injuries, serious burns, and serious physical injuries. This could include severe mental health conditions for which the person is receiving treatment in an institutional setting.
- 24 months or more – functional impact expected to persist beyond 24 months and not likely to improve with treatment.

### Diagnosis

List your patient's diagnosed medical conditions that have a functional impact on their ability to do any work, study or participate. Please provide a specific clinical diagnosis if available, including staging and/or disease classification.

For example,

- 'cervical spondylosis' rather than 'neck pain'
- 'major depressive disorder' or 'adjustment disorder with depressed mood' rather than 'depression'.

If your patient has more than 2 conditions that have a functional impact, you will need to provide the details on a separate medical certificate.

### Capacity to work, study or participate in activities

This relates to your assessment of the patient's capacity to do **any** work, study or participate in activities and:

- includes any other suitable work, and not just previous work. This is any work that a person is capable of doing and not just work the person prefers or what they are qualified for
- should not take into account non-medical factors such as age, work experience, education or language barriers.

### Treatment

Detail past, current and future/planned treatment for listed conditions.

This includes symptom management and functional rehabilitation treatment, as well as curative treatment.

### Functional impact

Detail the day-to-day functional impact the listed conditions have on the patient, including how it affects their ability to work, study or participate in activities.

Functional impacts may be physical and non-physical impacts of a condition.

For example:

- how long a person can sit or stand for
- how well they can interact with other people, or
- how well they can concentrate.

Please include your opinion about any assistance or interventions that may help your patient to find and keep a job. For example, a rehabilitation or pain management program, study, training and job readiness program.

### Serious illness

A serious illness can include:

- cancer/leukemia
- severe stroke
- acquired brain injury
- severe burns
- severe physical injury requiring long recovery period, and
- severe mental health conditions with treatment in an institutional setting.

Centrelink customers can lodge this online, go to [servicesaustralia.gov.au/centrelinkuploadoccs](http://servicesaustralia.gov.au/centrelinkuploadoccs)

**Patient's details**

CRN

Family name

First name

Second name

Date of birth

Home address

**Conditions impacting work, study or participation in activities**

**Primary condition**

Specific Diagnosis:

Date of onset (if known)

The duration of the current functional impact of this condition is expected to be (including a temporary exacerbation of a permanent condition)

Less than 13 weeks

13 weeks up to 24 months

24 months or more

Will this result in an average life expectancy of 24 months or less?

No

Yes

Does this condition meet one of the serious illness categories outlined on previous page?

No

Yes

**Secondary condition**

Specific Diagnosis:

Date of onset (if known)

The duration of the current functional impact of this condition is expected to be (including a temporary exacerbation of a permanent condition)

Less than 13 weeks

13 weeks up to 24 months

24 months or more

**Other conditions**

Are there any other conditions impacting capacity to work, study or participate in activities?

No

Yes  Provide the details of the conditions on a separate medical certificate

**Functional impact for all listed conditions above**

**Past, current and planned treatment (for listed conditions)**

**Capacity to work, study or participate in activities**

How long will this incapacity last?

From  To

Can this patient do any work, study or participate in activities of 8 or more hours per week?

No

Yes  Give details below

How many hours can they work, study or participate in activities on average each week?

**Your details**

Doctor's name (print in BLOCK LETTERS)

Qualifications

Provider no.

Surgery/Medical Centre/Hospital name

Address

Phone number

Signature

Date



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## Privacy notice

### Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to [servicesaustralia.gov.au/privacy](https://servicesaustralia.gov.au/privacy)