



GOVERNMENT OF THE COOK ISLANDS
MINISTRY OF INTERNAL AFFAIRS

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WORK CAPACITY MEDICAL CERTIFICATE

FIRST NAME

SURNAME OR FAMILY NAME

HOSPITALISATION - Is the person in Hospital YES NO

SICKNESS, INJURY OR DISABILITY - What are the main clinical conditions affecting the person's ability to work?

Table with 4 columns and 5 rows for listing clinical conditions.

Is the person blind? YES NO

How do the conditions listed previously impact on the person's capacity for work and the type of work they can undertake? IMPACT SEVERELY SOME IMPACT MINIMAL IMPACT

IMPACT ON CAPACITY FOR WORK?

Do the conditions listed previously limit the person's capacity to work for 30 hours or more per week? YES NO

Do the conditions listed previously limit the person's capacity to work regularly in open employment for 15 hours or more a week? YES NO

Is the person's incapacity for work expected to last at least 2 years? YES NO

Is the person's life expectancy less than 2 years? YES NO

Does the person receive active treatment or under the care of a specialist for any of the conditions listed previously? YES NO

When is the person likely to be capable of:

Table with 4 columns: Question, within 3 months, within a year, after a year. Rows (a) through (f) regarding work capacity.

Are there any other treatments or interventions that could assist the person into work? YES NO

Unable to work from

When should the person's capacity for work next be assessed

COMMENTS

Please provide any comments that would assist Internal Affairs to determine entitlement to benefit or assist the person into work.

HEALTH PRACTITIONER IDENTITY

Full name: _____

Address: _____

Telephone: _____

Date person examined: _____

Date certification completed: _____

Profession: _____

Health practitioner signature: _____