



16 FEB 2018



Dear 

On 23 January 2018, you emailed the Ministry requesting, under the Official Information Act 1982 (the Act), the following information:

- *Copies of all medical certificate forms (hard copy or electronic) provided to medical practitioners for the purposes of assessing eligibility to Sickness Benefit or Invalids Benefit from 2006 to 2011 inclusive, and all internal departmental communications regarding their formulation.*

Please find attached copies of the following documents:

- "Sickness Benefit – Medical Certificate", dated June 2005
- "Sickness Benefit – Medical Certificate", dated April 2007
- "Medical Certificate for the Sickness and Invalid's Benefit and Independent Youth Benefit (Sickness)", dated September 2007
- "Medical Certificate for the Sickness and Invalid's Benefit and Independent Youth Benefit (Sickness)", dated April 2009
- "Work Capacity Medical Certificate", dated September 2010
- "Work Capacity Medical Certificate", dated December 2010
- Emails regarding the amendment of these forms, dated between 24 March 2009 and 24 November 2010.

Please note, from 2007 the forms were formatted as a notepad with a fold-back cover with information for health practitioners on it. As such the form itself consists of a double sided page.

You will note that the names and contact details of some individuals are withheld from the emails under section 9(2)(a) of the Act in order to protect the privacy of natural persons. The need to protect the privacy of these individuals outweighs any public interest in this information.

To determine if any emails prior to 2009 are in scope of your request, the Ministry would need to divert personnel from their core duties and allocate extra time to complete this task. The diversion of these resources would impair the Ministry's ability to continue standard operations and would be an inefficient use of the Ministry's resources. As such, your request is refused in part under section 18(f) of the Official Information Act, as this would require substantial collation. The greater public interest is in the effective and efficient administration of the public service.

I have considered whether the Ministry would be able to respond to your request given extra time, or the ability to charge for the information requested. I have concluded that, in either case, the Ministry's ability to undertake its work would still be prejudiced.

The principles and purposes of the Official Information Act 1982 under which you made your request are:

- to create greater openness and transparency about the plans, work and activities of the Government,
- to increase the ability of the public to participate in the making and administration of our laws and policies and
- to lead to greater accountability in the conduct of public affairs.

This Ministry fully supports those principles and purposes. The Ministry therefore intends to make the information contained in this letter and any attached documents available to the wider public shortly. The Ministry will do this by publishing this letter and attachments on the Ministry of Social Development's website. Your personal details will be deleted and the Ministry will not publish any information that would identify you as the person who requested the information.

If there is a specific issue regarding the Medical Certificate forms that interests you, the Ministry may be able to complete a refined search. If this is the case, or if you wish to discuss this response with us, please feel free to contact OIA_Requests@msd.govt.nz.

If you are not satisfied with this response regarding the medical certificate forms provided to health practitioners, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or 0800 802 602.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Ruth Bound', with a horizontal line extending to the right.

Ruth Bound
Deputy Chief Executive, Service Delivery

Sickness Benefit – Medical Certificate



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

- Form to be completed by the person's own doctor, dentist or midwife who is treating them for their pregnancy or condition
- Medical professional's fee to be paid by the person

CLIENT NUMBER

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CLIENT NAME AND ADDRESS

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Doctor: When completed, please return this form to:

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MEDICAL PROFESSIONAL INFORMATION

The purpose of this medical certificate is for you to provide Work and Income with information about this person's medical eligibility for the Sickness Benefit.

The information you give will also help Work and Income to provide other services and support that the person may be eligible to receive, with a view to assisting them into employment when and where appropriate.

If this person does not meet the medical eligibility for the Sickness Benefit, Work and Income will assess their eligibility for an alternative benefit.

Please ask the client to read the Privacy and Social Security statement set out below.

PRIVACY AND SOCIAL SECURITY ACT

The Social Security Act allows Work and Income to check the information that has been provided in this form. This may happen when you apply for a benefit and at any time after that.

The Privacy Act 1993 requires us to inform you that:

- the information provided in this form is being collected under the authority of the Social Security Act 1964, and is for the purpose of assessing your entitlement for the Sickness Benefit
- the information will be held by Work and Income
- the information is being collected for the functions and purposes of Work and Income, and in particular
 - the granting of benefits and other financial assistance under the Social Security Act 1964
 - the provision of employment related services
 - statistical and research purposes
 - the provision of advice to Government
- Work and Income may contact health providers to verify any health related information provided on this form
- other information that you give us on your skills, aspirations etc, is not required to assess your entitlement to a benefit but will be used to provide a better service to you
- it is not compulsory to provide us with information but if you do not provide us with all the information we request, this may affect your entitlement to benefit
- under the Privacy Act 1993 you have the right to request access to all information held about yourself and to request corrections to that information.

PATIENT INFORMATION

1. Is this person registered at your practice or service?

Yes

No

PREGNANCY

The Sickness Benefit for pregnancy may start from the beginning of the 27th week of pregnancy or earlier in the case of associated illness or complication. The Sickness Benefit can be payable for up to 13 weeks after the birth of the baby.

2. Is the medical assessment in relation to pregnancy?

Yes Please go to Question 3

No Please go to Question 4

IN CONFIDENCE

PREGNANCY - CONTINUED

3. Is the person 27 or more weeks pregnant?

Yes

Expected due date
Incapacity code: (101)

Day	Month	Year

No

OR

Has the baby been born?

Yes

Date of birth:
Incapacity code: (101)

Day	Month	Year

No

OR

Is the person less than 27 weeks with complications?

Yes

Unfit from:

Day	Month	Year

No

Unfit to:

Incapacity code: (102)

Day	Month	Year

Please give details:

Please complete and sign the verification section at the end of this form.

HOSPITAL

4. Is the person in hospital?

Yes

Name of hospital

Public

Private

Date of admission

Day	Month	Year

Expected period of hospital care

 weeks

No

Date of discharge (if applicable)

Day	Month	Year

ACCIDENT COMPENSATION

5. Is the condition the result of an ACC covered accident?

Yes

No

If known, please advise us of the person's:

ACC office

ACC number

ELIGIBILITY FOR SICKNESS BENEFIT

6. Can you give an opinion on this person's medical eligibility for Sickness Benefit or should this be determined by a Work and Income designated doctor? (Please tick the appropriate box.)

Yes

I can make this determination.

No

Please seek this information from a Work and Income designated doctor.

Please feel free to give us rehabilitation information in questions 12-14.

Please also complete and sign the verification section at the end of this form.

This question will be used to determine the person's medical eligibility for Sickness Benefit. The 1st medical can be for a period of up to 4 weeks. Further medical coverage can be for up to 13 weeks.

7. Does the person's sickness, injury or disability prevent them from being in open employment for 30 hours a week or more?

Yes

Unfit from

Day	Month	Year

to

Day	Month	Year

Please go to question 8 and continue

No

Fit for work now

With the person's agreement, please indicate whether there are restrictions on the type of employment the person can undertake?

Please specify:

If no, please also complete and sign the verification section at the end of this form.

MEDICAL CONDITION

8. How does the person's medical condition restrict their ability to be employed? (e.g. difficulty walking, poor concentration)

Please comment:

.....

.....

INCAPACITY

Please circle the one incapacity that primarily restrict the person from being employed.

You can also tick other incapacities (up to two) if you wish, e.g:

Congenital Conditions (103), Diabetes (150), Back pain/injury (195).

9. What is the person's medical incapacity that prevents them from being employed?

Congenital Conditions (103)

Cancer (104)

Intellectual disability (164)

Infectious/Parasitic diseases (105)

Musculo-skeletal system & connective tissue disorders (106)

Respiratory disorders (107)

Genito-urinary disorders (108)

Blood & blood forming organs (109)

Skin & subcutaneous tissue disorders (110)

Digestive system disorders (111)

Nervous system disorders

Epilepsy (120)

Multiple sclerosis (121)

Parkinson's disease (122)

Muscular dystrophy (123)

Other nervous system (124)

Cardio-vascular

Heart disease (130)

Stroke (131)

Other cardio-vascular (132)

Immune system disorders

HIV/AIDS (140)

Other immune system (141)

Metabolic & endocrine disorders

Diabetes (150)

Other metabolic & endocrine (151)

Psychological or psychiatric conditions

Stress (160)

Depression (161)

Bipolar disorder (162)

Schizophrenia (163)

Other psychological/psychiatric (165)

Substance abuse

Alcohol (170)

Drug (171)

Other substance abuse (172)

Sensory disorders

Blindness (total) (180)

Other visual/eye (181)

Hearing/ear (182)

Other sensory (183)

Accident

Burns (190)

Fractures, dislocations, soft tissue injury (191)

Poisoning, toxic effects (192)

Internal injuries (193)

Injury to the nervous system (194)

Back pain/injury (195)

Overuse injury (196)

Complications of medical or surgical care (197)

Other injury (198)

Comment:

.....

.....

SPECIALIST CARE

10. Is the person currently receiving Specialist Care? Yes Field of Speciality No

TOWARDS EMPLOYMENT

Work and Income would like to work with all our clients to plan for their future, including employment, rehabilitation and social participation. We need to know if the person is well enough to be contacted about this.

11. In your opinion is the person well enough to be contacted by Work and Income to discuss this? Yes No

12. Is this person likely to be able to undertake full time employment in the foreseeable future?
 Yes When might this be?

Day	Month	Year

 No Unknown

13. Is the person capable of undertaking part-time employment (less than 30 hours per week) or training?
 Yes Part-time employment Training Hours per week No

Comment: _____

14. Are there other rehabilitation activities (medical and or non-medical) that would help the person to move towards employment?

Yes Please comment below No Unknown

Comment: _____

INVALID'S BENEFIT

For Invalid's Benefit purposes, **Permanently** means: expected to persist for at least 2 years, or where the condition is such that the person's life expectancy is less than 2 years. **Severely** means: that a person cannot regularly be employed 15 hours or more per week in open employment.

15. The person may qualify for the Invalid's Benefit if they are permanently and severely restricted in his or her capacity for employment because of sickness, or because of injury or disability from accident or congenital condition or totally blind. Do you recommend that the person undergo an examination to assess their eligibility for the Invalid's Benefit? Yes No

VERIFICATION – MEDICAL PRACTITIONER, DENTIST, MIDWIFE

Please provide your full name, address, telephone and professional registration number.

STAMP OR NAME & ADDRESS	Professional Registration Number	Occupation						
	Telephone Number	Date person examined						
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Office Use Only

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Sickness Benefit – Medical Certificate



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

- Form to be completed by the person's own doctor, dentist or midwife who is treating them for their pregnancy or condition
- Medical professional's fee to be paid by the person

CLIENT NUMBER

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CLIENT NAME AND ADDRESS

Doctor: When completed, please return this form to:

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MEDICAL PROFESSIONAL INFORMATION

The purpose of this medical certificate is for you to provide Work and Income with information about this person's medical eligibility for the Sickness Benefit.

The information you give will also help Work and Income to provide other services and support that the person may be eligible to receive, with a view to assisting them into employment when and where appropriate.

If this person does not meet the medical eligibility for the Sickness Benefit, Work and Income will assess their eligibility for an alternative benefit.

Please ask the client to read the Privacy and Social Security statement set out below.

PRIVACY STATEMENT

The legislation administered by the Ministry of Social Development allows us to check the information that you give us in this form. This may happen when you apply for a benefit and at any time after that.

The Privacy Act 1993 requires us to tell you that:

- The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development.
- The information will be held by the Ministry of Social Development.
- The information is collected for the purposes of the legislation administered by the Ministry of Social Development (including Work and Income, Child Youth and Family and other services lines of the Ministry), and in particular for:
 - granting benefits and other assistance under the Social Security Act 1964
 - providing employment related services
 - statistical and research purposes
 - providing advice to Government
 - care and protection needs of children
 - providing support and services to you and your family
 - providing education related services
- Work and Income may contact health providers to verify any health related information you give us.
- Other information that you give us on your skills, aspirations, family circumstances etc, and that is not required to assess your entitlement to a benefit may be used to provide a better service to you by the Ministry of Social Development.
- Under the Privacy Act 1993 you have the right to ask to see all information we hold about you, and to ask us to correct that information.
- You are not required to give us information: but if you do not give us all the information we ask for your application for benefits may be declined.

PATIENT INFORMATION

1. Is this person registered at your practice or service?

Yes

No

PREGNANCY

The Sickness Benefit for pregnancy may start from the beginning of the 27th week of pregnancy or earlier in the case of associated illness or complication. The Sickness Benefit can be payable for up to 13 weeks after the birth of the baby.

2. Is the medical assessment in relation to pregnancy?

Yes Please go to Question 3

No Please go to Question 4

IN CONFIDENCE

V12A (April 2007)

PREGNANCY – CONTINUED

3. Is the person 27 or more weeks pregnant?

Yes

Expected due date
Incapacity code: (101)

Day	Month	Year
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No

OR

Has the baby been born?

Yes

Date of birth:
Incapacity code: (101)

Day	Month	Year
-----	-------	------

No

OR

Is the person less than 27 weeks with complications?

Yes

Unfit from:

Day	Month	Year
-----	-------	------

No

Unfit to:
Incapacity code: (102)

Day	Month	Year
-----	-------	------

Please give details:

Please complete and sign the verification section at the end of this form.

HOSPITAL

4. Is the person in hospital?

Yes

Name of hospital

Public

Private

Date of admission

Day	Month	Year
-----	-------	------

Expected period of hospital care

 weeks

No

Date of discharge (if applicable)

Day	Month	Year
-----	-------	------

ACCIDENT COMPENSATION

5. Is the condition the result of an ACC covered accident?

Yes

No

If known, please advise us of the person's:

ACC office

ACC number

ELIGIBILITY FOR SICKNESS BENEFIT

6. Can you give an opinion on this person's medical eligibility for Sickness Benefit or should this be determined by a Work and Income designated doctor? (Please tick the appropriate box.)

Yes I can make this determination.

No Please seek this information from a Work and Income designated doctor.

Please feel free to give us rehabilitation information in questions 12–14.

Please also complete and sign the verification section at the end of this form.

This question will be used to determine the person's medical eligibility for Sickness Benefit. The 1st medical can be for a period of up to 4 weeks. Further medical coverage can be for up to 13 weeks.

7. Does the person's sickness, injury or disability prevent them from being in open employment for 30 hours a week or more?

Yes

Unfit from

Day	Month	Year
-----	-------	------

to

Day	Month	Year
-----	-------	------

Please go to question 8 and continue

No

Fit for work now

With the person's agreement, please indicate whether there are restrictions on the type of employment the person can undertake?

Please specify:

If no, please also complete and sign the verification section at the end of this form.

MEDICAL CONDITION

8. How does the person's medical condition restrict their ability to be employed? (e.g. difficulty walking, poor concentration)

Please comment:

.....

.....

INCAPACITY

Please circle the one incapacity that primarily restrict the person from being employed.
You can also tick other incapacities (up to two) if you wish, e.g:

Congenital Conditions (103), Diabetes (150), Back pain/injury (195).

9. What is the person's medical incapacity that prevents them from being employed?

Congenital Conditions (103)

Cancer (104)

Intellectual disability (164)

Infectious/Parasitic diseases (105)

Musculo-skeletal system & connective tissue disorders (106)

Respiratory disorders (107)

Genito-urinary disorders (108)

Blood & blood forming organs (109)

Skin & subcutaneous tissue disorders (110)

Digestive system disorders (111)

Nervous system disorders

Epilepsy (120)

Multiple sclerosis (121)

Parkinson's disease (122)

Muscular dystrophy (123)

Other nervous system (124)

Cardio-vascular

Heart disease (130)

Stroke (131)

Other cardio-vascular (132)

Immune system disorders

HIV/AIDS (140)

Other immune system (141)

Metabolic & endocrine disorders

Diabetes (150)

Other metabolic & endocrine (151)

Psychological or psychiatric conditions

Stress (160)

Depression (161)

Bipolar disorder (162)

Schizophrenia (163)

Other psychological/psychiatric (164)

Substance abuse

Alcohol (170)

Drug (171)

Other substance abuse (172)

Sensory disorders

Blindness (total) (180)

Other visual/eye (181)

Hearing/ear (182)

Other sensory (183)

Accident

Burns (190)

Fractures, dislocations, soft tissue injury (191)

Poisoning, toxic effects (192)

Internal injuries (193)

Injury to the nervous system (194)

Back pain/injury (195)

Overuse injury (196)

Complications of medical or surgical care (197)

Other injury (198)

Comment:

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.....

SPECIALIST CARE

10. Is the person currently receiving Specialist Care? Yes Field of Speciality No

TOWARDS EMPLOYMENT

Work and Income would like to work with all our clients to plan for their future, including employment, rehabilitation and social participation. We need to know if the person is well enough to be contacted about this.

11. In your opinion is the person well enough to be contacted by Work and Income to discuss this? Yes No

12. Is this person likely to be able to undertake full time employment in the foreseeable future?
 Yes When might this be?

Day	Month	Year

 No Unknown

13. Is the person capable of undertaking part-time employment (less than 30 hours per week) or training?
 Yes Part-time employment Training Hours per week No

Comment: _____

14. Are there other rehabilitation activities (medical and or non-medical) that would help the person to move towards employment?

Yes Please comment below No Unknown

Comment: _____

INVALID'S BENEFIT

For Invalid's Benefit purposes, **Permanently** means: expected to persist for at least 2 years, or where the condition is such that the person's life expectancy is less than 2 years. **Severely** means: that a person cannot regularly be employed 15 hours or more per week in open employment.

15. The person may qualify for the Invalid's Benefit if they are permanently and severely restricted in his or her capacity for employment because of sickness, or because of injury or disability from accident or congenital condition or totally blind. Do you recommend that the person undergo an examination to assess their eligibility for the Invalid's Benefit? Yes No

VERIFICATION – MEDICAL PRACTITIONER, DENTIST, MIDWIFE

Please provide your full name, address, telephone and professional registration number.

STAMP OR NAME & ADDRESS

Professional Registration Number

Occupation

Telephone Number

Date person examined

Signature

Day Month Year

Office Use Only

LETTER REFERENCE	Decision			
CASE MANAGER'S NAME	CASE MANAGER'S SIGNATURE	Day Month Year		
10%	100%	CRITICAL DATA		
TEAM COACH		Day Month Year		
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Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

**Medical Certificate
for the
Sickness and Invalid's Benefit
and Independent Youth Benefit (Sickness)**

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Information for health practitioners

The Work and Income Medical Certificate provides case managers with information to help them determine each person's eligibility for a benefit, and to assist them to determine whether the person should engage in planning towards work.

As well as being used to verify the person's condition and their ability to work or plan for work, the certificate will also be used to estimate the time the person is likely to be incapacitated.

Who can complete the certificate?

The certificate can only be completed by registered medical practitioners or dentists. It can also be completed by midwives where the person is more than 27 weeks pregnant or has complications due to their pregnancy.

To complete the certificate, you must be registered to practice in New Zealand and have a current Annual Practising Certificate. Students, practitioners who are not registered and allied health practitioners cannot complete the certificate.

When should the certificate be completed?

You should complete the certificate as soon as you become aware that the person may be eligible for, or wishes to apply for, the Sickness Benefit, Independent Youth Benefit (Sickness) or Invalid's Benefit.

If this person does not meet the medical eligibility for one of these benefits, Work and Income will assess their eligibility for an alternative benefit.

Sickness Benefit

Sickness Benefit is a type of income support paid to people who temporarily can't work full-time because of sickness, pregnancy, injury or disability. They may have a job now but had to reduce their hours and income or, be unemployed or working part-time and find it hard to look for and undertake full-time work.

Independent Youth Benefit (Sickness)

The Independent Youth Benefit (Sickness) is a type of income support paid to young people aged 16 or 17, who can't live with their parents, are independent and can't work because of sickness, pregnancy, injury or disability.

Invalid's Benefit

The Invalid's Benefit is a type of income support paid to people who have a permanent and severe sickness, injury or disability that stops them from working or makes it difficult for them to work.

When the form is completed

Once you have completed the form, please hand it to the person so they can take it to their local Work and Income office.

Further information

If you need more information, you can:

- refer to your Work and Income *Guide for Health Practitioners* book
- contact your local Health and Disability Co-ordinator at your nearest Work and Income Regional Office
- call us free on 0800 559 009 or visit our website www.workandincome.govt.nz.

Further information about Sickness Benefit, Independent Youth Benefit (Sickness) or Invalid's Benefit is available in our Work and Income brochures.

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Medical Certificate



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

□□□□ □□□□ □□□□

This information will be used to establish the person's entitlement to benefit, and will assist in helping plan their entry into work.

Personal details

Where the person is known by more than one name, please provide the person's last name as it appears on their passport or birth certificate.

Address information is used to assist with identification. It is not used for contact purposes.

Where the person is not enrolled with your practice, you can still complete the form. The case manager may seek further advice before determining support.

We may arrange a second opinion by a designated doctor or request a report from a specialist.

First name(s) Surname or family name

Residential address

Date of birth Gender: Male Female

1. Is the person enrolled with your practice? No Yes

2. Who do you consider best placed to provide this information? Yourself Second opinion

Other

Pregnancy

The Sickness Benefit for pregnancy may start from the beginning of the 27th week of pregnancy or earlier in the case of associated illness or complications. The Sickness Benefit can be payable for up to 13 weeks after the birth of the baby.

Work and Income requires reassessment of Sickness Benefit at least every 13 weeks. The first reassessment will be after a maximum of 4 weeks.

3. Is the condition pregnancy related? No (Go to Q7) Yes

4. Has the baby been born? Yes Date of delivery (Go to Q20)
OR
Is the person 27 or more weeks pregnant? (Read code ZV22.) Yes Due date (Go to Q20)
OR
Is the person less than 27 weeks pregnant with complications? Yes Please give details

READ Code	Description
1	<input type="text"/>
2	<input type="text"/>

5. Unable to work from (Go to Q20)

6. When should the person's entitlement to benefit next be assessed? (Go to Q20)

Sickness, injury or disability

Please include mental health, pain or associated conditions such as obesity or stress. Please list the condition with the greatest impact on ability to work first. Provisional implies the exact nature of the diagnosis is uncertain at this stage.

People who have ACC cover, or are awaiting a cover decision, may still be entitled to assistance from Work and Income.

7. What are the main clinical conditions affecting the person's ability to work?

READ Code	Description	Is it provisional?	Covered by ACC?
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If covered by ACC, what is the ACC Number?

Hospitalisation

The benefit may be reduced after a person has been in hospital for 13 weeks or more.

9. Is the person in hospital? No (Go to Q10) Yes

Hospital name Date of admission Expected length of stay (days)

Treatment and interventions

Please indicate if the person is receiving treatment which may interfere with their ability to work.

Where an intervention could assist the person into work, Work and Income may consider helping the person access this service.

Questions 10 and 11 relate to planning rather than entitlement. Their completion is therefore optional.

10. Is the person receiving active treatment for any of the conditions listed in Question 7? No Yes Please give details

11. Are there other interventions which could assist the person into work? No Yes Please give details

Impact on ability to work

Please provide a description of how these conditions contribute to the person's inability to work (eg difficulty walking, poor concentration, inability to stand for extended periods).

Work and Income would like to work with all our clients to help them plan for their future, including employment, rehabilitation and social participation.

Please indicate the date from which the person was first unable to work as a consequence of their medical condition, or the date indicated on the client's re-assessment letter.

Work and Income requires reassessment for Sickness Benefit at least every 13 weeks. The first reassessment will be after a maximum of 4 weeks.

12. How do the above conditions listed in Question 7 affect the person's ability to work?

--

13. When is the person likely to be capable of:

	Now	< 1 month	1-3 months	3-6 months	> 6 months	Unlikely in foreseeable future
Work planning						
Training						
Light/selected duties						
Part-time work (up to 30 hours per week)						
Full-time work (over 30 hours per week)						

14. Is the person totally blind (VA < 1/20 with correction)? No Yes (Go to Q19)

15. Does the person's sickness, injury or disability limit their capacity to seek, undertake or be available for employment for 30 hours or more per week? No (Go to Q20) Yes

16. Does the person's sickness, injury or disability prevent them from regularly being in open employment for 15 hours or more per week? No (Go to Q18) Yes

17. Is the person's condition expected to last at least 2 years? No Yes
OR
Is the person's life expectancy less than 2 years? No Yes

18. Unable to work from
Day Month Year

19. When should the person's entitlement to benefit next be assessed?

2 years 5 years Never
Day Month Year

Comments

If the person has a chronic or severe condition, please attach a copy of any recent reports which would help determine appropriate support.

20. Would you like Work and Income to contact you about this person's diagnosis or ability to work? No Yes

21. Please provide any comments that would assist the case manager determine appropriate support for the person.

--

Health practitioner identity

Where the person has not consented to the release of the information, Work and Income will be unable to take this information into account when considering an application for benefit.

HPI Number Practitioner type: Doctor Dentist Midwife

I have discussed the information contained in this form with the person (their guardian or their legal representative) and they have agreed with the information being provided to Work and Income. No Yes

Full name

Practice address

Telephone number ()

Date person examined:
Day Month Year

Date certificate completed:
Day Month Year

Health Practitioner's signature:

--



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

**Medical Certificate
for the
Sickness and Invalid's Benefit
and Independent Youth Benefit (Sickness)**

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Information for health practitioners

The Work and Income Medical Certificate provides case managers with information to help them determine each person's eligibility for a benefit, and to assist them to determine whether the person should engage in planning towards work.

As well as being used to verify the person's condition and their ability to work or plan for work, the certificate will also be used to estimate the time the person is likely to be incapacitated.

Who can complete the certificate?

The certificate can only be completed by registered medical practitioners or dentists. It can also be completed by midwives where the person is more than 27 weeks pregnant or has complications due to their pregnancy.

To complete the certificate, you must be registered to practice in New Zealand and have a current Annual Practising Certificate. Students, practitioners who are not registered and allied health practitioners cannot complete the certificate.

When should the certificate be completed?

You should complete the certificate as soon as you become aware that the person may be eligible for, or wishes to apply for, the Sickness Benefit, Independent Youth Benefit (Sickness) or Invalid's Benefit.

If this person does not meet the medical eligibility for one of these benefits, Work and Income will assess their eligibility for an alternative benefit.

Sickness Benefit

Sickness Benefit is a type of income support paid to people who temporarily can't work full-time because of sickness, pregnancy, injury or disability. They may have a job now but had to reduce their hours and income or, be unemployed or working part-time and find it hard to look for and undertake full-time work.

Independent Youth Benefit (Sickness)

The Independent Youth Benefit (Sickness) is a type of income support paid to young people aged 16 or 17, who can't live with their parents, are independent and can't work because of sickness, pregnancy, injury or disability.

Invalid's Benefit

The Invalid's Benefit is a type of income support paid to people who have a permanent and severe sickness, injury or disability that stops them from working or makes it difficult for them to work.

When the form is completed

Once you have completed the form, please hand it to the person so they can take it to their local Work and Income office.

Further information

If you need more information, you can:

- refer to your Work and Income *Guide for Health Practitioners* book
- contact your local Health and Disability Co-ordinator at your nearest Work and Income Regional Office
- call us free on 0800 559 009 or visit our website www.workandincome.govt.nz.

Further information about Sickness Benefit, Independent Youth Benefit (Sickness) or Invalid's Benefit is available in our Work and Income brochures.

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Medical Certificate



Work and Income
Te Hirainga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

□□□□|□□□□|□□□□

This information will be used to establish the person's entitlement to benefit, and will assist in helping plan their entry into work.

Personal details

Where the person is known by more than one name, please provide the person's last name as it appears on their passport or birth certificate.

Address information is used to assist with identification. It is not used for contact purposes.

Where the person is not enrolled with your practice, you can still complete the form. The case manager may seek further advice before determining support.

We may arrange a second opinion by a designated doctor or request a report from a specialist.

First name(s) Surname or family name

Residential address

Date of birth Gender: Male Female

1. Is the person enrolled with your practice? No Yes

2. Who do you consider best placed to provide this information? Yourself Second opinion

Other

Pregnancy

The Sickness Benefit for pregnancy may start from the beginning of the 27th week of pregnancy or earlier in the case of associated illness or complications. The Sickness Benefit can be payable for up to 13 weeks after the birth of the baby.

3. Is the condition pregnancy related? No (Go to Q7) Yes

4. Has the baby been born? (Read code L20.) Yes Date of delivery (Go to Q20)
OR
Is the person 27 or more weeks pregnant? (Read code ZV22.) Yes Due date (Go to Q20)
OR
Is the person less than 27 weeks pregnant with complications? Yes Please give details

READ Code	Description
1	
2	

Work and Income requires reassessment of Sickness Benefit at least every 13 weeks. The first reassessment will be after a maximum of 4 weeks.

5. Unable to work from

6. When should the person's entitlement to benefit next be assessed? (Go to Q20)

Sickness, injury or disability

Please include mental health, pain or associated conditions such as obesity or stress. Please list the condition with the greatest impact on ability to work first. Provisional implies the exact nature of the diagnosis is uncertain at this stage.

People who have ACC cover, or are awaiting a cover decision, may still be entitled to assistance from Work and Income.

7. What are the main clinical conditions affecting the person's ability to work?

READ Code	Description	Is it provisional?	Covered by ACC?
1			
2			
3			
4			

8. If covered by ACC, what is the ACC Number?

Hospitalisation

The benefit may be reduced after a person has been in hospital for 13 weeks or more.

9. Is the person in hospital? No (Go to Q10) Yes

Hospital name Date of admission Expected length of stay (days)

Treatment and interventions

Please indicate if the person is receiving treatment which may interfere with their ability to work.

Where an intervention could assist the person into work, Work and Income may consider helping the person access this service.

Questions 10 and 11 relate to planning rather than entitlement. Their completion is therefore optional.

10. Is the person receiving active treatment for any of the conditions listed in Question 7? No Yes Please give details

11. Are there other interventions which could assist the person into work? No Yes Please give details

Impact on ability to work

Please provide a description of how these conditions contribute to the person's inability to work (eg difficulty walking, poor concentration, inability to stand for extended periods).

Work and Income would like to work with all our clients to help them plan for their future, including employment, rehabilitation and social participation.

Please indicate the date from which the person was first unable to work as a consequence of their medical condition, or the date indicated on the client's re-assessment letter.

Work and Income requires reassessment for Sickness Benefit at least every 13 weeks. The first reassessment will be after a maximum of 4 weeks.

12. How do the above conditions listed in Question 7 affect the person's ability to work?

13. When is the person likely to be capable of:

	Now	< 1 month	1-3 months	3-6 months	> 6 months	Unlikely in foreseeable future
Work planning						
Training						
Light/selected duties						
Part-time work (up to 30 hours per week)						
Full-time work (over 30 hours per week)						

14. Is the person totally blind (VA < 1/20 with correction)? No Yes (Go to Q19)

15. Does the person's sickness, injury or disability limit their capacity to seek, undertake or be available for employment for 30 hours or more per week? No (Go to Q20) Yes

16. Does the person's sickness, injury or disability prevent them from regularly being in open employment for 15 hours or more per week? No (Go to Q18) Yes

17. Is the person's condition expected to last at least 2 years? No Yes
OR
Is the person's life expectancy less than 2 years? No Yes

18. Unable to work from Day Month Year

19. When should the person's entitlement to benefit next be assessed?

Day Month Year 2 years 5 years Never

Comments

If the person has a chronic or severe condition, please attach a copy of any recent reports which would help determine appropriate support.

20. Would you like Work and Income to contact you about this person's diagnosis or ability to work? No Yes

21. Please provide any comments that would assist the case manager determine appropriate support for the person.

Health practitioner identity

Where the person has not consented to the release of the information, Work and Income will be unable to take this information into account when considering an application for benefit.

HPI Number Practitioner type: Doctor Dentist Midwife

I have discussed the information contained in this form with the person (their guardian or their legal representative) and they have agreed with the information being provided to Work and Income. No Yes

Full name

Practice address

Telephone number ()

Date person examined: Day Month Year

Date certificate completed: Day Month Year

Health Practitioner's signature:

--



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

Work Capacity Medical Certificate

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Information for health practitioners

The Work Capacity Medical Certificate provides Work and Income case managers with information to help them determine a person's eligibility for a benefit, and to assist them with determining the person's capacity for work or ability to undertake work-related activities.

As well as being used to verify the person's condition and their ability to work or plan for work, the certificate will also be used to estimate the time the person is likely to be unable to work.

Who can complete the certificate?

The certificate can only be completed by registered medical practitioners, dentists, or midwives where the person is more than 27 weeks pregnant or has complications due to their pregnancy.

To complete the certificate, you must be registered to practice in New Zealand and have a current Annual Practising Certificate. Students, practitioners who are not registered and allied health practitioners cannot complete the certificate.

When should the certificate be completed?

You should complete the certificate as soon as you become aware that the person may be eligible for, or wishes to apply for, the Sickness Benefit, Invalid's Benefit or Independent Youth Benefit (Sickness). If this person does not meet the medical eligibility for one of these benefits, Work and Income will assess their eligibility for an alternative benefit.

You may also be asked to complete the certificate for people on other benefits who are temporarily unable to meet their work-related obligations due to sickness, injury or disability.

Sickness Benefit

Sickness Benefit is paid to people who are temporarily unable to work full-time because of sickness, pregnancy, injury or disability. They may have a job but have needed to reduce their hours, work part-time or become unemployed.

Invalid's Benefit

The Invalid's Benefit is paid to people who are permanently and severely restricted in how much work they can do because of sickness, injury or disability.

This means the person's incapacity for work is expected to continue for at least two years and the person is unable to work regularly for 15 hours or more a week in open employment. It can also mean the person has a terminal illness and is not expected to live more than two years.

People who are totally blind can also receive this benefit.

Independent Youth Benefit (Sickness)

The Independent Youth Benefit (Sickness) is paid to young people aged 16 or 17, who can't live with their parents, are independent and are unable to work because of sickness, pregnancy, injury or disability.

When the form is completed

Once you have completed the form, please hand it to the person so they can take it to their local Work and Income office.

Further information

If you need more information, you can:

- refer to your *Work and Income Guide for Health Practitioners* book
- contact your local Health and Disability Co-ordinator at your nearest Work and Income Regional Office
- call us free on **0800 559 009**
- visit our website **www.workandincome.govt.nz**.

Further information about Sickness Benefit, Independent Youth Benefit (Sickness) or Invalid's Benefit is also available in our Work and Income brochures.

Work Capacity Medical Certificate



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

This information will be used to establish the person's entitlement to benefit and assist them into work.

Personal details

Q1 note: If the person is known by more than one name, please provide the person's last name as it appears on their passport or birth certificate.

Q4 note: If you are not the person's usual medical practitioner you can still complete this form.

Q5 note: Work and Income may seek a second opinion.

- What is the applicant's name?**
First name(s) Surname or family name
- What is the applicant's residential address?**
- What is their date of birth?** Gender: Male Female
Day Month Year
- Are you the person's usual practitioner?** No Yes
- Who do you consider best placed to provide this information?** Yourself Second opinion
Other

Hospitalisation

- Is the person in hospital?**
 No Yes Hospital name:
Date of admission Expected length of stay (days)
Day Month Year

Pregnancy details

Q7 note: Sickness Benefit for pregnancy may start from the beginning of the 27th week of pregnancy or earlier in the case of associated illness or complications. It can be payable for up to 13 weeks after the birth of the baby.

- Is the condition pregnancy related?** No Yes Go to Question 11 Yes
- Has the baby been born?** (READ Code b20..) No Yes Date of delivery: Go to Question 20
Day Month Year
- Is the person 27 or more weeks pregnant?** (READ Code ZV22.) No Yes Due date: Go to Question 20
Day Month Year
- Is the person less than 27 weeks pregnant with complications?**
 No Yes Please provide details below:
READ Code Description
1.
2.

Go to Question 20

Sickness, injury or disability

Q11 note: Please list the condition with the greatest impact on ability to work first. Include all relevant conditions including mental health, pain or obesity related.

Q12 note: Blindness a person must meet one or both of the following criteria:

- their best visual acuity, with correcting lenses, does not exceed 3/60 or 1/20 and/or
- their visual field is contracted to a maximum of five degrees on either side of the fixation point.

Q13 note: People who have ACC cover, or are awaiting a cover decision, may still be entitled to assistance from Work and Income.

- What are the main clinical conditions affecting the person's ability to work?** (List in order of priority)

READ Code	Description	Covered by ACC?
1.	<input type="text"/>	Yes / No
2.	<input type="text"/>	Yes / No
3.	<input type="text"/>	Yes / No
- Is the person blind?** (See Question 12 note) No Yes
- If covered by ACC, what is the ACC Number?**
- How do the conditions listed in Question 11 impact on the person's capacity for work and the type of work they can undertake?**

Impact on capacity for work

Work and Income would like to work with people to help them return to work when appropriate. For many people employment can play a significant role in their recovery.

This section asks you to provide information on how long the person's conditions and incapacity for work are expected to last, when these may change and what is being or could be done to assist the person into work.

Full-time and part-time work refer to suitable open employment that takes into account relevant restrictions.

Open employment is any mainstream employment in the open labour market which pays no less than the minimum wage and excludes any employment designed to cater for the needs of a severely disabled person.

Q17 note: Please indicate if the person is receiving treatment which may affect their capacity for work.

15. Do the conditions listed in Question 11 limit the person's capacity to work for 30 hours or more per week?

No ▶ Go to Question 22 Yes

16. Do the conditions listed in Question 11 limit the person's capacity to work regularly in open employment for 15 hours or more per week?

No
 Yes ▶ Is the person's incapacity for work expected to last at least 2 years? No Yes
OR: ▶ Is the person's life expectancy less than 2 years? No Yes

17. Is the person receiving active treatment or under the care of a specialist for any of the conditions listed in Question 11?

No Yes ▶ Please provide details below:

18. When is the person likely to be capable of:

	Now	< 3 months	3-6 months	> 6 months	Unlikely in less than 1 year
Work planning					
Limited training (less than 15 hours per week)					
Training (at least 15 hours per week)					
Limited part-time work (less than 15 hours per week)					
Part-time work (at least 15 hours per week)					
Full-time work (30 hours or more per week)					

19. Are there other treatments or interventions that could assist the person into work?

No Yes ▶ Please provide details below:

Q20 note: Please indicate the date from which the person was first unable to work as a consequence of their medical condition, or the date indicated on the client's re-assessment letter.

20. The person is unable to work from:

Day	Month	Year

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

2 years 5 years Never

Comments

Q23 note: Please provide a copy of any additional assessments or reports that may help Work and Income assist the person into work. This may include ACC assessments or NASC reports.

22. Would you like Work and Income to contact you about this person's condition or ability to work? No Yes

23. Please provide any comments that would assist Work and Income to determine entitlement to benefit and/or assist the person into work.

Health practitioner identity

Where the person (their guardian, legal representative, or agent) has not consented to the release of information, Work and Income will be unable to take this information into account when considering an application for benefit.

Clarification or current information may be required if there have been more than 20 working days between examination and completion of the certificate.

HPI No: Practitioner type: Doctor Dentist Midwife

I have discussed the information contained in this form with the person (their guardian, legal representatives, or agent) and they have agreed with the information being provided to Work and Income. No Yes

Health practitioner's full name

--

Practice name

--

Telephone number

()

Health practitioner's signature

--

Date person examined

Day	Month	Year

Date certificate completed

Day	Month	Year



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

Work Capacity Medical Certificate

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Information for health practitioners

The Work Capacity Medical Certificate provides Work and Income case managers with information to help them determine a person's eligibility for a benefit, and to assist them with determining the person's capacity for work or ability to undertake work-related activities.

As well as being used to verify the person's condition and their ability to work or plan for work, the certificate will also be used to estimate the time the person is likely to be unable to work.

Who can complete the certificate?

The certificate can only be completed by a:

- **registered medical practitioner**
- **nurse practitioner** (not practice nurse) for Sickness Benefit clients only
- **dentist** for dental-related conditions
- **midwife** where the person is more than 27 weeks pregnant or has complications due to their pregnancy.

To complete the certificate, you must be registered to practice in New Zealand and have a current Annual Practising Certificate. Students, practitioners who are not registered and allied health practitioners cannot complete the certificate.

When should the certificate be completed?

You should complete the certificate as soon as you become aware that the person may be eligible for, or wishes to apply for, the Sickness Benefit, Invalid's Benefit or Independent Youth Benefit (Sickness). If this person does not meet the medical eligibility for one of these benefits, Work and Income will assess their eligibility for an alternative benefit.

You may also be asked to complete the certificate for people on other benefits who are temporarily unable to meet their work-related obligations due to sickness, injury or disability.

Sickness Benefit

Sickness Benefit is paid to people who are temporarily unable to work full-time because of sickness, pregnancy, injury or disability. They may have a job but have needed to reduce their hours, work part-time or become unemployed.

Invalid's Benefit

The Invalid's Benefit is paid to people who are permanently and severely restricted in how much work they can do because of sickness, injury or disability.

This means the person's incapacity for work is expected to continue for at least two years and the person is unable to work regularly for 15 hours or more a week in open employment. It can also mean the person has a terminal illness and is not expected to live more than two years.

People who are totally blind can also receive this benefit.

Independent Youth Benefit (Sickness)

The Independent Youth Benefit (Sickness) is paid to young people aged 16 or 17, who can't live with their parents, are independent and are unable to work because of sickness, pregnancy, injury or disability.

When the form is completed

Once you have completed the form, please hand it to the person so they can take it to their local Work and Income office.

Further information

If you need more information, you can:

- refer to your **Work and Income Guide for Health Practitioners** book
- contact your local Health and Disability Co-ordinator at your nearest Work and Income Regional Office
- call us free on **0800 559 009**
- visit our website **www.workandincome.govt.nz**.

Further information about Sickness Benefit, Independent Youth Benefit (Sickness) or Invalid's Benefit is also available in our Work and Income brochures.

Work Capacity Medical Certificate



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

This information will be used to establish the person's entitlement to benefit and assist them into work.

Personal details

Q1 note: If the person is known by more than one name, please provide the person's last name as it appears on their passport or birth certificate.

Q4 note: If you are not the person's usual medical practitioner you can still complete this form.

Q5 note: Work and Income may seek a second opinion.

1. **What is the applicant's name?**
 First name(s) Surname or family name

2. **What is the applicant's residential address?**

3. **What is their date of birth?** **Gender:** Male Female
Day Month Year

4. **Are you the person's usual practitioner?** No Yes

5. **Who do you consider best placed to provide this information?** Yourself Second opinion
 Other

Hospitalisation

6. **Is the person in hospital?**
 No Yes Hospital name:
 Date of admission Expected length of stay (days)
Day Month Year

Pregnancy details

Q7 note: Sickness Benefit for pregnancy may start from the beginning of the 27th week of pregnancy or earlier in the case of associated illness or complications. It can be payable for up to 13 weeks after the birth of the baby.

7. **Is the condition pregnancy related?** No Yes Go to Question 11

8. **Has the baby been born?** (READ Code L20.)
 No Yes Date of delivery: Go to Question 20
Day Month Year

9. **Is the person 27 or more weeks pregnant?** (READ Code ZV22.)
 No Yes Due date: Go to Question 20
Day Month Year

10. **Is the person less than 27 weeks pregnant with complications?**
 No Yes Please provide details below:

READ Code	Description
1.	<input type="text"/>
2.	<input type="text"/>

Go to Question 20

Sickness, injury or disability

Q11 note: Please list the condition with the greatest impact on ability to work first. Include all relevant conditions including mental health, pain or obesity related.

Q12 note: Blindness a person must meet one or both of the following criteria:

- their best visual acuity, with correcting lenses, does not exceed 3/60 or 1/20 and/or
- their visual field is contracted to a maximum of five degrees on either side of the fixation point.

Q13 note: People who have ACC cover, or are awaiting a cover decision, may still be entitled to assistance from Work and Income.

11. **What are the main clinical conditions affecting the person's ability to work?** (List in order of priority)

READ Code	Description	Covered by ACC?
1.	<input type="text"/>	Yes / No
2.	<input type="text"/>	Yes / No
3.	<input type="text"/>	Yes / No

12. **Is the person blind?** (See Question 12 note) No Yes

13. **If covered by ACC, what is the ACC Number?**

14. **How do the conditions listed in Question 11 impact on the person's capacity for work and the type of work they can undertake?**

Impact on capacity for work

Work and Income would like to work with people to help them return to work when appropriate. For many people employment can play a significant role in their recovery.

This section asks you to provide information on how long the person's conditions and incapacity for work are expected to last, when these may change and what is being or could be done to assist the person into work.

Full-time and part-time work refer to suitable open employment that takes into account relevant restrictions.

Open employment is any mainstream employment in the open labour market which pays no less than the minimum wage and excludes any employment designed to cater for the needs of a severely disabled person.

Q17 note: Please indicate if the person is receiving treatment which may affect their capacity for work.

15. Do the conditions listed in Question 11 limit the person's capacity to work for 30 hours or more per week?

No ▶ Go to Question 22 Yes

16. Do the conditions listed in Question 11 limit the person's capacity to work regularly in open employment for 15 hours or more per week?

No

Yes ▶ Is the person's incapacity for work expected to last at least 2 years? No Yes

OR: ▶ Is the person's life expectancy less than 2 years? No Yes

17. Is the person receiving active treatment or under the care of a specialist for any of the conditions listed in Question 11?

No Yes ▶ Please provide details below:

18. When is the person likely to be capable of:

	Now	< 3 months	3-6 months	> 6 months	Unlikely in less than 1 year
Work planning					
Limited training (less than 15 hours per week)					
Training (at least 15 hours per week)					
Limited part-time work (less than 15 hours per week)					
Part-time work (at least 15 hours per week)					
Full-time work (30 hours or more per week)					

19. Are there other treatments or interventions that could assist the person into work?

No Yes ▶ Please provide details below:

Q20 note: Please indicate the date from which the person was first unable to work as a consequence of their medical condition, or the date indicated on the client's re-assessment letter.

20. The person is unable to work from:

Day	Month	Year

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

2 years 5 years Never

Comments

Q23 note: Please provide a copy of any additional assessments or reports that may help Work and Income assist the person into work. This may include ACC assessments or NASC reports.

22. Would you like Work and Income to contact you about this person's condition or ability to work? No Yes

23. Please provide any comments that would assist Work and Income to determine entitlement to benefit and/or assist the person into work.

Health practitioner identity

Where the person (their guardian, legal representative, or agent) has not consented to the release of information, Work and Income will be unable to take this information into account when considering an application for benefit.

Clarification or current information may be required if there have been more than 20 working days between examination and completion of the certificate.

HPI No: Practitioner type: Doctor Dentist Midwife

I have discussed the information contained in this form with the person (their guardian, legal representatives, or agent) and they have agreed with the information being provided to Work and Income.

No Yes

Health practitioner's full name

Practice name

Telephone number

Health practitioner's signature

Date person examined

Day	Month	Year

Date certificate completed

Day	Month	Year

9(2)(a)

From: 9(2)(a)
Sent: Tuesday, 24 March 2009 4:48 p.m.
To: 9(2)(a)
Subject: RE: Reorder - V12A SICKNESS BENEFIT MEDICAL CERTIFICATE, reorder request attached

Hi 9(2)(a)

Yes, this is now approved to print.

thanks

9(2)(a)
Business Services
Work and Income National Office
9(2)(a)

From: 9(2)(a)
Sent: Monday, 16 March 2009 1:32 p.m.
To: 9(2)(a)
Subject: RE: Reorder - V12A SICKNESS BENEFIT MEDICAL CERTIFICATE, reorder request attached

Hi 9(2)(a)

As per your email below, please find my V12A proof.

Please let me know if all is ok to print.

Kind regards
9(2)(a)

From: 9(2)(a)
Sent: Thursday, 12 March 2009 2:35
To: 9(2)(a)
Subject: RE: Reorder - V12A SICKNESS BENEFIT MEDICAL CERTIFICATE, reorder request attached

Hi 9(2)(a)

Further to our discussion, can you please restyle this, without changing any of the content. We really only need the header and footer changes, ie

- Make the text in the banner white
- change the dividers
- add the footer with version etc.

Once these change are made and signed off, you can reprint the form based on the numbers in your reorder request.

thanks

9(2)(a)

Business Services
Work and Income National Office
9(2)(a)

From: 9(2)(a)

Sent: Friday, 6 March 2009 5:20 p.m.

To: 9(2)(a)

Subject: Reorder - V12A SICKNESS BENEFIT MEDICAL CERTIFICATE, reorder request attached

Hi 9(2)(a)

Please find attached my reorder request to reprint no changes.
This is also the last correspondence that I can find on the restyle as have not done anything yet.

Please advise if I can reprint.

Thanks

9(2)(a)

From: 9(2)(a)

Sent: Tuesday, 25 November 2008 10:17

To: 9(2)(a)

Subject: FW: Reorder - V12A SICKNESS BENEFIT MEDICAL CERTIFICATE, reorder request attached

9(2)(a) I forgot to mention that we will be reprinting based on the new file

Thanks

9(2)(a)

Business Services
Work and Income National Office
9(2)(a)

From: 9(2)(a)

Sent: Tuesday, 25 November 2008 10:12 a.m.

To: 9(2)(a)

Subject: RE: Reorder - V12A SICKNESS BENEFIT MEDICAL CERTIFICATE, reorder request attached

Hi 9(2)(a)

We have been progressing a few changes with this. We'd love to make it much smaller, but not as small as I'd like. I have arranged an appointment for a few of us to finalise it next Tuesday. Hopefully we should still have plenty of time - it does need restyling and that will be part of the package.

9(2)(a)

9(2)(a)

9(2)(a)

Business Services
Work and Income National Office
9(2)(a)

From: 9(2)(a)
Sent: Wednesday, 12 November 2008 10:26 a.m.
To: 9(2)(a)
Subject: Reorder - V12A SICKNESS BENEFIT MEDICAL CERTIFICATE, reorder request attached

Hi 9(2)(a)

Please find attached my reorder request for the above item.

Where are we at with this one please, and don't say it is sitting with me please.

Thanks
9(2)(a)

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The Ministry of Social Development accepts no responsibility for changes made to this message or to any attachment(s) after transmission from the Ministry.

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Thank you.
The Ministry of Social Development accepts no
responsibility for changes made to this message or to any
attachment(s) after transmission from the Ministry.

This e-mail message has been scanned for Viruses and Content and cleared by **MailMarshal**

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OFFICIAL INFORMATION ACT

9(2)(a)

From: 9(2)(a)
Sent: Monday, 28 June 2010 11:25 a.m.
To: 9(2)(a)
Subject: V12a - Med Cert restyle
Attachments: WorkCapacityMedicalCert (2).pdf - Adobe Reader.pdf

Hi 9(2)(a)

Thanks for sending this through. I've tracked changes - you should be able to understand them. Cast your eagle eye of the style of the form and add anything that I've missed.

Thanks
9(2)(a)

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Work and Income
Te Hiranga Tangata

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Work Capacity Medical Certificate

General form corrections.....

1. Form colour is usual Work and Income blue.
2. Align answer boxes beneath questions rather than the question number.
3. Change dividers to correct style
4. Make any other style alterations that I may have missed.

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Information for health practitioners

The medical certificate provides Work and Income case managers with information to help them determine a person's eligibility for a benefit, and to assist with determining the person's capacity for work or ability to undertake work-related activities.

As well as being used to verify the person's condition and their ability to work or plan for work, the certificate will also be used to estimate the time the person is likely to be unable to work.

Who can complete the certificate?

The certificate can only be completed by registered medical practitioners, dentists, or midwives where the person is more than 27 weeks pregnant or has complications due to their pregnancy.

To complete the certificate, you must be registered to practice in New Zealand and have a current Annual Practising Certificate. Students, practitioners who are not registered and allied health practitioners cannot complete the certificate.

When should the certificate be completed?

You should complete the certificate as soon as you become aware that the person may be eligible for, or wishes to apply for, the Sickness Benefit, Invalid's Benefit or Independent Youth Benefit (Sickness). If this person does not meet the medical eligibility for one of these benefits, Work and Income will assess their eligibility for an alternative benefit.

You may also be asked to complete the certificate for people on other benefits who are temporarily unable to meet their work-related obligations due to sickness, injury or disability.

Sickness Benefit

Sickness Benefit is paid to people who are temporarily unable to work full-time because of sickness, pregnancy, injury or disability. They may have a job but have needed to reduce their hours, ~~be unemployed or working part-time.~~

Invalid's Benefit

The Invalid's Benefit is paid to people who are permanently and severely restricted in how much work they can do because of sickness, injury or disability.

This means the person's incapacity for work is expected to continue for at least two years and the person is unable to work regularly for 15 hours or more a week. It can also mean the person has a terminal illness and is not expected to live more than two years. People who are totally blind can also receive this benefit.

New paragraph

Independent Youth Benefit (Sickness)

The Independent Youth Benefit (Sickness) is paid to young people aged 16 or 17, who can't live with their parents, are independent and are unable to work because of sickness, pregnancy, injury or disability.

When the form is completed

Once you have completed the form, please hand it to the person so they can take it to their local Work and Income office.

Further information

If you need more information, you can:

- refer to your Work and Income *Guide for Health Practitioners* book
- contact your local Health and Disability Co-ordinator at your nearest Work and Income Regional Office
- call us free on 0800 559 009 or visit our website www.workandincome.govt.nz.

Further information about Sickness Benefit, Independent Youth Benefit (Sickness) or Invalid's Benefit is available in our Work and Income brochures.

New bullet

increase gap a bit more before this line

Medical Certificate



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

--	--	--	--	--	--	--	--	--	--

This information will be used to establish the person's entitlement to benefit and assist them into work.

Personal details

Where the person is known by more than one name, please provide the person's last name as it appears on their passport or birth certificate.

First name(s) Surname or family name

Residential address

Date of birth Day Month Year Gender: Male Female

If you are not the person's usual medical practitioner you can still complete the form. Work and Income may seek a second opinion.

1. Are you the person's usual practitioner? No Yes

2. Who do you consider best placed to provide this information? Yourself Second opinion

Other

Pregnancy

The Sickness Benefit for pregnancy may start from the beginning of the 27th week of pregnancy or earlier in the case of associated illness or complications. The Sickness Benefit can be payable for up to 13 weeks after the birth of the baby.

3. Is the condition pregnancy related? No (Go to Q8) Yes

4. Has the baby been born? Yes Date of delivery Day Month Year (Go to Q29)

OR

Is the person 27 or more weeks pregnant? (Read code Z722) Yes Due date Day Month Year (Go to Q29)

OR

Is the person less than 27 weeks pregnant with complications? Yes Please give details

READ Code	Description
1	
2	

5. Unable to work from Day Month Year

6. When should the person's capacity for work next be assessed? Day Month Year (Go to Q29)

Hospitalisation

this whole section moves above pregnancy section

7. Is the person in hospital? No (Go to Q29) Yes

Hospital name

Date of admission Day Month Year Expected length of stay (days)

Sickness, injury or disability

Please list the condition with the greatest impact on ability to work first.

Include all relevant conditions including mental health, pain or obesity related.

People who have ACC cover, or are awaiting a cover decision, may still be entitled to assistance from Work and Income.

8. What are the main clinical conditions affecting the person's ability to work? (List in priority order)

READ Code	Description	Covered by ACC?
1	bold these numbers and centre in box	
2		
3		
4		

9. If covered by ACC, what is the ACC Number?

10. How do the conditions listed in Question 8 impact on the person's capacity for work and the type of work they can undertake?

Impact on capacity for work

Blindness – A person must meet one or both of the following criteria:

- their best visual acuity, with correcting lenses, does not exceed 3/60 or 1/20, and/or
- their visual field is contracted to a maximum of five degrees on either side of the fixation point.

Please indicate if the person is receiving treatment which may affect their capacity for work.

Full-time and part-time work refer to suitable open employment.

Open employment is mainstream employment in the open labour market and at the minimum wage or above.

11. Is the person blind? No Yes (Go to Q19)
12. Do the person's conditions limit their capacity to or ability to undertake work related activities for 30 hours or more per week? No (Go to Q29) Yes
13. Do the person's conditions prevent them from regularly being in open employment for 15 hours or more per week? No (Go to Q19) Yes
14. Is the person's incapacity for work expected to last at least 2 years? No Yes
OR
Is the person's life expectancy less than 2 years? No Yes
15. Is the person receiving active treatment or under the care of a specialist for any of the conditions listed in Question 8 No Yes Please give details

When people answer yes, they then complete the old Q14. May need to realign somehow

16. When is the person likely to be capable of:

	Now	1-2 months	3-6 months	> 6 months	Unlikely in less than 1 year
Work planning					
Training					
Limited part-time work (less than 15 hours per week)					
Part-time work (at least 15 to 29 hours per week)					
Full-time work (30 hours or more per week)					

Move this section to top, put 'Please indicate' para next, then 'Blindness' para last. Don't have box around any of this text.

17. Are there other interventions which could assist the person into work? No Yes Please give details

Please indicate the date from which the person was first unable to work as a consequence of their medical condition, or the date indicated on the client's re-assessment letter.

18. Unable to work from: Day Month Year
19. When should the person's capacity for work next be assessed? 2 years 5 years Never

Comments

Please provide a copy of any additional assessments or reports that may help Work and Income assist the person into work. This may include AEC assessments or NASC reports.

20. Would you like Work and Income to contact you about this person's condition or ability to work? No Yes
21. Please provide any comments that would assist the case manager to determine entitlement to benefit and/or assist the person into work.

Health practitioner identity

Where the person (their guardian, legal representative, or agent) has not consented to the release of information, Work and Income will be unable to take this information into account when considering an application for benefit.

Align correctly

Clarification or current information may be required if there have been more than 20 working days between examination and completion of the certificate.

HPI Number Practitioner type: Doctor Dentist Midwife

I have discussed the information contained in this form with the person (their guardian, legal representative, or agent) and they have agreed with the information being provided to Work and Income. No Yes

Health practitioner's full name

Practice address

Telephone number ()

Date person examined: Day Month Year Date certificate completed: Day Month Year

Health Practitioner's signature:

Resize to ordinary signature box size and add arrow on left



Work and Income
Te Hiranga Tangata

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Work Capacity Medical Certificate

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Work Capacity Medical Certificate



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

This information will be used to establish the person's entitlement to benefit and assist them into work.

Personal details

Q1 note: If the person is known by more than one name, please provide the person's last name as it appears on their passport or birth certificate.

Q4 note: If you are not the person's usual medical practitioner you can still complete this form.

Q5 note: Work and Income may seek a second opinion.

1. **What is the applicant's name?**
 First name(s) Surname or family name

2. **What is the applicant's residential address?**

3. **What is their date of birth?** Gender: Male Female
Day Month Year

4. **Are you the person's usual practitioner?** No Yes

5. **Who do you consider best placed to provide this information?** Yourself Second opinion
 Other

Hospitalisation

6. **Is the person in hospital?** No Yes Hospital name:
 Date of admission Expected length of stay (days)
Day Month Year

Pregnancy details

Q7 note: Sickness Benefit for pregnancy may start from the beginning of the 27th week of pregnancy or earlier in the case of associated illness or complications. It can be payable for up to 13 weeks after the birth of the baby.

7. **Is the condition pregnancy related?** No Yes Go to Question 11

8. **Has the baby been born?** (READ Code Z20..) No Yes Date of delivery: Go to Question 20
Day Month Year

9. **Is the person 27 or more weeks pregnant?** (READ Code ZV22.) No Yes Due date: Go to Question 20
Day Month Year

10. **Is the person less than 27 weeks pregnant with complications?** No Yes Please provide details below:

READ Code	Description
1.	<input type="text"/>
2.	<input type="text"/>

Go to Question 22

Sickness, injury or disability

Q11 note: Please list the condition with the greatest impact on ability to work first. Include all relevant conditions including mental health, pain or obesity related.

Q12 note: **Blindness** a person must meet one or both of the following criteria:

- their best visual acuity, with correcting lenses, does not exceed 3/60 or 1/20 and/or
- their visual field is contracted to a maximum of five degrees on either side of the fixation point.

Q13 note: People who have ACC cover, or are awaiting a cover decision, may still be entitled to assistance from Work and Income.

11. **What are the main clinical conditions affecting the person's ability to work?** (List in order of priority)

READ Code	Description	Covered by ACC?
1.	<input type="text"/>	Yes / No
2.	<input type="text"/>	Yes / No
3.	<input type="text"/>	Yes / No

12. **Is the person blind?** No Yes See Question 12 note

13. **If covered by ACC, what is the ACC Number?**

14. **How do the conditions listed in Question 11 impact on the person's capacity for work and the type of work they can undertake?**

Impact on capacity for work

Work and Income would like to work with people to help them return to work when appropriate. For many people employment can play a significant role in their recovery.

This section asks you to provide information on how long the person's condition and incapacity for work are expected to last, when these may change and what is being or could be done to assist the person into work.

Full-time and part-time work refer to:

- suitable open employment that takes into account relevant restrictions
- open employment is any mainstream employment in the open labour market which pays no less than the minimum wage and excludes any employment designed to cater for the needs of a severely disabled person.

Q17 note: Please indicate if the person is receiving treatment which may affect their capacity for work.

15. Do the person's conditions limit their capacity to work or ability to undertake work related activities for 30 hours or more per week?

No ▶ Go to Question 22 Yes

16. Do the person's conditions limit their capacity to work regularly in open employment for 15 hours or more per week?

No

Yes ▶ Is the person's incapacity for work expected to last at least 2 years? No Yes

OR: ▶ Is the person's life expectancy less than 2 years? No Yes

17. Is the person receiving active treatment or under the care of a specialist for any of the conditions listed in Question 11?

No Yes ▶ Please provide details below:

--

18. When is the person likely to be capable of:

	Now	< 3 months	3-6 months	> 6 months	Unlikely in less than 1 year
Work planning					
Training					
Limited part-time work (less than 15 hours per week)					
Part-time work (at least 15 hours per week)					
Full-time work (30 hours or more per week)					

19. Are there other treatments or interventions that could assist the person into work?

No Yes ▶ Please provide details below:

--

Q20 note: Please indicate the date from which the person was first unable to work as a consequence of their medical condition, or the date indicated on the client's re-assessment letter.

20. The person is unable to work from:
Day Month Year

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

2 years 5 years Never
Day Month Year

Comments

Q23 note: Please provide a copy of any additional assessments or reports that may help Work and Income assist the person into work. This may include ACC assessments or NASE reports.

22. Would you like Work and Income to contact you about this person's condition or ability to work? No Yes

23. Please provide any comments that would assist the case manager to determine entitlement to benefit and/or assist the person into work.

--

Health practitioner identity

Where the person (their guardian, legal representative, or agent) has not consented to the release of information, Work and Income will be unable to take this information into account when considering an application for benefit.

Clarification of current information may be required if there have been more than 20 working days between examination and completion of the certificate.

HPI No: Practitioner type: Doctor Dentist Midwife

I have discussed the information contained in this form with the person (their guardian, legal representatives, or agent) and they have agreed with the information being provided to Work and Income.

No Yes

Health practitioner's full name

Practice name

Telephone number

 ()

Health practitioner's signature

Date person examined

Day Month Year

Date certificate completed

Day Month Year

Information for health practitioners

The Work Capacity Medical Certificate provides Work and Income case managers with information to help them determine a person's eligibility for a benefit, and to assist them with determining the person's capacity for work or ability to undertake work-related activities.

As well as being used to verify the person's condition and their ability to work or plan for work, the certificate will also be used to estimate the time the person is likely to be unable to work.

Who can complete the certificate?

The certificate can only be completed by registered medical practitioners, dentists, or midwives where the person is more than 27 weeks pregnant or has complications due to their pregnancy.

To complete the certificate, you must be registered to practice in New Zealand and have a current Annual Practising Certificate. Students, practitioners who are not registered and allied health practitioners cannot complete the certificate.

When should the certificate be completed?

You should complete the certificate as soon as you become aware that the person may be eligible for, or wishes to apply for, the Sickness Benefit, Invalid's Benefit or Independent Youth Benefit (Sickness). If this person does not meet the medical eligibility for one of these benefits, Work and Income will assess their eligibility for an alternative benefit.

You may also be asked to complete the certificate for people on other benefits who are temporarily unable to meet their work-related obligations due to sickness, injury or disability.

Sickness Benefit

Sickness Benefit is paid to people who are temporarily unable to work full-time because of sickness, pregnancy, injury or disability. They may have a job but have needed to reduce their hours, work part-time or become unemployed.

Invalid's Benefit

The Invalid's Benefit is paid to people who are permanently and severely restricted in how much work they can do because of sickness, injury or disability.

This means the person's incapacity for work is expected to continue for at least two years and the person is unable to work regularly for 15 hours or more a week in open employment. It can also mean the person has a terminal illness and is not expected to live more than two years.

People who are totally blind can also receive this benefit.

Independent Youth Benefit (Sickness)

The Independent Youth Benefit (Sickness) is paid to young people aged 16 or 17, who can't live with their parents, are independent and are unable to work because of sickness, pregnancy, injury or disability.

When the form is completed

Once you have completed the form, please hand it to the person so they can take it to their local Work and Income office.

Further information

If you need more information, you can:

- refer to your **Work and Income Guide for Health Practitioners** book
- contact your local Health and Disability Co-ordinator at your nearest Work and Income Regional Office
- call us free on **0800 559 009**
- visit our website **www.workandincome.govt.nz**.

Further information about Sickness Benefit, Independent Youth Benefit (Sickness) or Invalid's Benefit is also available in our Work and Income brochures.

9(2)(a)

From: 9(2)(a)
Sent: Friday, 9 July 2010 3:35 p.m.
To: 9(2)(a)
Subject: FW: V12a
Attachments: 323206 V12A p3c.pdf

Here is the Med Cert for you to print off for the Minister.

9(2)(a)

From: 9(2)(a)
Sent: Friday, 9 July 2010 3:24 p.m.
To: 9(2)(a)
Subject: FW: V12a

Hi 9(2)(a)

9(2)(a) asked me to forward this revised proof through to yourself

Kind Regards

9(2)(a)

From: 9(2)(a)
Sent: Friday, 9 July 2010 3:17
To: 9(2)(a)
Cc:
Subject: V12a

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9(2)(a)

From: 9(2)(a)
Sent: Wednesday, 14 July 2010 3:41 p.m.
To: 9(2)(a)
Subject: V12A - changes

Hi 9(2)(a)

Can you please send me an editable version of the last proof we had of this form - it seems to be p3c (although why we're back to Hooper proof number is a bit weird!). The form went off to those required and there are some minor changes to it.

Once again we need to get it **finalised** by the end of the week for the next step in the process which is a Select Committee

thanks
9(2)(a)

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Work Capacity Medical Certificate

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Information for health practitioners

The Work Capacity Medical Certificate provides Work and Income case managers with information to help them determine a person's eligibility for a benefit, and to assist them with determining the person's capacity for work or ability to undertake work-related activities.

As well as being used to verify the person's condition and their ability to work or plan for work, the certificate will also be used to estimate the time the person is likely to be unable to work.

Who can complete the certificate?

The certificate can only be completed by registered medical practitioners, dentists, or midwives where the person is more than 27 weeks pregnant or has complications due to their pregnancy.

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You may also be asked to complete the certificate for people on other benefits who are temporarily unable to meet their work-related obligations due to sickness, injury or disability.

Sickness Benefit

Sickness Benefit is paid to people who are temporarily unable to work full-time because of sickness, pregnancy, injury or disability. They may have a job but have needed to reduce their hours, work part-time or become unemployed.

Invalid's Benefit

The Invalid's Benefit is paid to people who are permanently and severely restricted in how much work they can do because of sickness, injury or disability.

This means the person's incapacity for work is expected to continue for at least two years and the person is unable to work regularly for 15 hours or more a week in open employment. It can also mean the person has a terminal illness and is not expected to live more than two years.

People who are totally blind can also receive this benefit.

Independent Youth Benefit (Sickness)

The Independent Youth Benefit (Sickness) is paid to young people aged 16 or 17, who can't live with their parents, are independent and are unable to work because of sickness, pregnancy, injury or disability.

When the form is completed

Once you have completed the form, please hand it to the person so they can take it to their local Work and Income office.

Further information

If you need more information, you can:

- refer to your *Work and Income Guide for Health Practitioners* book
- contact your local Health and Disability Co-ordinator at your nearest Work and Income Regional Office
- call us free on 0800 559 009
- visit our website www.workandincome.govt.nz.

Further information about Sickness Benefit, Independent Youth Benefit (Sickness) or Invalid's Benefit is also available in our Work and Income brochures.

Work Capacity Medical Certificate



Work and Income
Te Hiranga Tāngata

A service of the Ministry of Social Development

CLIENT NUMBER

This information will be used to establish the person's entitlement to benefit and assist them into work.

Personal details

Q1 note: If the person is known by more than one name, please provide the person's last name as it appears on their passport or birth certificate.

Q4 note: If you are not the person's usual medical practitioner you can still complete this form.

Q5 note: Work and Income may seek a second opinion.

1. **What is the applicant's name?**
First name(s) Surname or family name
2. **What is the applicant's residential address?**
3. **What is their date of birth?** **Genders:** Male Female
Day Month Year
4. **Are you the person's usual practitioner?** No Yes
5. **Who do you consider best placed to provide this information?** Yourself Second opinion
Other ▶

Hospitalisation

6. **Is the person in hospital?**
 No Yes ▶ Hospital name
Date of admission Expected length of stay (days)
Day Month Year

Pregnancy details

Q7 note: Sickness Benefit for pregnancy may start from the beginning of the 27th week of pregnancy or earlier in the case of associated illness or complications. It can be payable for up to 13 weeks after the birth of the baby.

7. **Is the condition pregnancy related?** No ▶ Go to Question 11 Yes
8. **Has the baby been born?** (READ Code L20...) No Yes ▶ Date of delivery: ▶ Go to Question 20
Day Month Year
9. **Is the person 27 or more weeks pregnant?** (READ Code ZV22.) No Yes ▶ Due date: ▶ Go to Question 20
Day Month Year
10. **Is the person less than 27 weeks pregnant with complications?**
 No Yes ▶ Please provide details below:

READ Code	Description
1.	<input type="text"/>
2.	<input type="text"/>

Go to Question 20

Sickness, injury or disability

Q11 note: Please list the condition with the greatest impact on ability to work first. Include all relevant conditions including mental health, pain or obesity related.

Q12 note: Blindness a person must meet one or both of the following criteria:

- their best visual acuity, with correcting lenses, does not exceed 3/60 or 1/20 and/or
- their visual field is contracted to a maximum of five degrees on either side of the fixation point.

Q13 note: People who have ACC cover, or are awaiting a cover decision, may still be entitled to assistance from Work and Income.

11. **What are the main clinical conditions affecting the person's ability to work?** (List in order of priority)

READ Code	Description	Covered by ACC?
1.	<input type="text"/>	Yes / No
2.	<input type="text"/>	Yes / No
3.	<input type="text"/>	Yes / No
12. **Is the person blind?** (See Question 12 note) No Yes
13. **If covered by ACC, what is the ACC Number?**
14. **How do the conditions listed in Question 11 impact on the person's capacity for work and the type of work they can undertake?**

Impact on capacity for work

Work and Income would like to work with people to help them return to work when appropriate. For many people employment can play a significant role in their recovery.

This section asks you to provide information on how long the person's conditions and incapacity for work are expected to last, when these may change and what is being or could be done to assist the person into work.

Full-time and part-time work refer to suitable open employment that takes into account relevant restrictions.

Open employment is any mainstream employment in the open labour market which pays no less than the minimum wage and excludes any employment designed to cater for the needs of a severely disabled person.

Q17 note: Please indicate if the person is receiving treatment which may affect their capacity for work.

15. Do the conditions listed in Question 11 limit the person's capacity to work for 30 hours or more per week?

No ▶ Go to Question 22 Yes

16. Do the conditions listed in Question 11 limit the person's capacity to work regularly in open employment for 15 hours or more per week?

No Yes ▶ Is the person's incapacity for work expected to last at least 2 years? No Yes

OR: ▶ Is the person's life expectancy less than 2 years? No Yes

17. Is the person receiving active treatment or under the care of a specialist for any of the conditions listed in Question 11?

No Yes ▶ Please provide details below:

--

18. When is the person likely to be capable of:

	Now	1-3 months	3-6 months	6 months	Unlikely in less than 1 year
Work planning					
Limited training (less than 15 hours per week)					
Training (at least 15 hours per week)					
Limited part-time work (less than 15 hours per week)					
Part-time work (at least 15 hours per week)					
Full-time work (30 hours or more per week)					

19. Are there other treatments or interventions that could assist the person into work?

No Yes ▶ Please provide details below:

--

Q20 note: Please indicate the date from which the person was first unable to work as a consequence of their medical condition, or the date indicated on the client's re-assessment letter.

20. The person is unable to work from:
Day Month Year

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

2 years 5 years Never
Day Month Year

Comments

Q23 note: Please provide a copy of any additional assessments or reports that may help Work and Income assist the person into work. This may include ACC assessments or NAC reports.

22. Would you like Work and Income to contact you about this person's condition or ability to work? No Yes

23. Please provide any comments that would assist Work and Income to determine entitlement to benefit and/or assist the person into work.

--

Health practitioner identity

Where the person (their guardian, legal representative, or agent) has not consented to the release of information, Work and Income will be unable to take this information into account when considering an application for benefit.

Clarification or current information may be required if there have been more than 20 working days between examination and completion of the certificate.

HPI No: Practitioner type: Doctor Dentist Midwife

I have discussed the information contained in this form with the person (their guardian, legal representatives, or agent) and they have agreed with the information being provided to Work and Income. No Yes

Health practitioner's full name

Practice name

Telephone number

 ()

Health practitioner's signature

Date person examined

Day Month Year

Date certificate completed

Day Month Year

9(2)(a)

From: 9(2)(a)
Sent: Monday, 2 August 2010 1:16 p.m.
To: 9(2)(a)
Subject: FW: 09 - 323206 V12A p4.pdf
Attachments: 323206 V12A p5.pdf

and now it's attached...

From: 9(2)(a)
Sent: Monday, 2 August 2010 1:15 p.m.
To: 9(2)(a)
Subject: RE: 09 - 323206 V12A p4.pdf

Hi 9(2)(a)

There is two more tiny correctilions for this. I have marked them up - easier than describing where they are - but both on page 2 of the medical cert.

9(2)(a)

From: 9(2)(a)
Sent: Tuesday, 27 July 2010 9:20 a.m.
To: 9(2)(a)
Subject: FW: 09 - 323206 V12A p4.pdf

Hi 9(2)(a)

Amended PDF as requested on your 2 x emails below.

Kind regards
9(2)(a)

From: 9(2)(a)
Sent: Monday, 26 July 2010 4:40
To: 9(2)(a)
Subject: FW: 09 - 323206 V12A p4.pdf

I know that you will have forwarded this already, but someone has spotted that a capital i is required in Income, in the first sentence margin text on page 2.

Sorry for missing it,
9(2)(a)

From: 9(2)(a)
Sent: Monday, 26 July 2010 3:25 p.m.
To: 9(2)(a)
Subject: 09 - 323206 V12A p4.pdf

Hi 9(2)(a)

A person with fresh eyes has taken a look at this and spotted a couple of typos that we need ot fix please,\

Thanks
9(2)(a)

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Work and Income
Te Hiraŋa Tangata

A service of the Ministry of Social Development

Work Capacity Medical Certificate

RELEASED UNDER THE
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Information for health practitioners

The Work Capacity Medical Certificate provides Work and Income case managers with information to help them determine a person's eligibility for a benefit, and to assist them with determining the person's capacity for work or ability to undertake work-related activities.

As well as being used to verify the person's condition and their ability to work or plan for work, the certificate will also be used to estimate the time the person is likely to be unable to work.

Who can complete the certificate?

The certificate can only be completed by registered medical practitioners, dentists, or midwives where the person is more than 27 weeks pregnant or has complications due to their pregnancy.

To complete the certificate, you must be registered to practice in New Zealand and have a current Annual Practising Certificate. Students, practitioners who are not registered and allied health practitioners cannot complete the certificate.

When should the certificate be completed?

You should complete the certificate as soon as you become aware that the person may be eligible for, or wishes to apply for, the Sickness Benefit, Invalid's Benefit or Independent Youth Benefit (Sickness). If this person does not meet the medical eligibility for one of these benefits, Work and Income will assess their eligibility for an alternative benefit.

You may also be asked to complete the certificate for people on other benefits who are temporarily unable to meet their work-related obligations due to sickness, injury or disability.

Sickness Benefit

Sickness Benefit is paid to people who are temporarily unable to work full-time because of sickness, pregnancy, injury or disability. They may have a job but have needed to reduce their hours, work part-time or become unemployed.

Invalid's Benefit

The Invalid's Benefit is paid to people who are permanently and severely restricted in how much work they can do because of sickness, injury or disability.

This means the person's incapacity for work is expected to continue for at least two years and the person is unable to work regularly for 15 hours or more a week in open employment. It can also mean the person has a terminal illness and is not expected to live more than two years.

People who are totally blind can also receive this benefit.

Independent Youth Benefit (Sickness)

The Independent Youth Benefit (Sickness) is paid to young people aged 16 or 17, who can't live with their parents, are independent and are unable to work because of sickness, pregnancy, injury or disability.

When the form is completed

Once you have completed the form, please hand it to the person so they can take it to their local Work and Income office.

Further information

If you need more information, you can:

- refer to your *Work and Income Guide for Health Practitioners* book
- contact your local Health and Disability Co-ordinator at your nearest Work and Income Regional Office
- call us free on 0800 559 009
- visit our website www.workandincome.govt.nz.

Further information about Sickness Benefit, Independent Youth Benefit (Sickness) or Invalid's Benefit is also available in our Work and Income brochures.

Work Capacity Medical Certificate



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

This information will be used to establish the person's entitlement to benefit and assist them into work.

Personal details

Q1 note: If the person is known by more than one name, please provide the person's last name as it appears on their passport or birth certificate.

Q4 note: If you are not the person's usual medical practitioner you can still complete this form.

Q5 note: Work and Income may seek a second opinion.

1. What is the applicant's name?

First name(s) Surname or family name

2. What is the applicant's residential address?

3. What is their date of birth?

Day Month Year

Gender:

Male

Female

4. Are you the person's usual practitioner?

No

Yes

5. Who do you consider best placed to provide this information?

Yourself

Second opinion

Other

Hospitalisation

6. Is the person in hospital?

No

Yes

Hospital name:

Date of admission

Day Month Year

Expected length of stay (days)

Pregnancy details

Q7 note: Sickness Benefit for pregnancy may start from the beginning of the 27th week of pregnancy or earlier in the case of associated illness or complications. It can be payable for up to 13 weeks after the birth of the baby.

7. Is the condition pregnancy related?

No

Go to Question 11

Yes

8. Has the baby been born? (READ Code L204)

No

Yes

Date of delivery:

Day Month Year

Go to Question 20

9. Is the person 27 or more weeks pregnant? (READ Code ZV22)

No

Yes

Due date:

Day Month Year

Go to Question 20

10. Is the person less than 27 weeks pregnant with complications?

No

Yes

Please provide details below:

1.	READ Code	Description
1.		
2.		

Go to Question 20

Sickness, injury or disability

Q11 note: Please list the condition with the greatest impact on ability to work first. Include all relevant conditions including mental health, pain or obesity related.

Q12 note: Blindness a person must meet one or both of the following criteria:

- their best visual acuity, with correcting lenses, does not exceed 3/60 or 1/20 and/or
- their visual field is contracted to a maximum of five degrees on either side of the fixation point.

Q13 note: People who have ACC cover, or are awaiting a cover decision, may still be entitled to assistance from Work and Income.

11. What are the main clinical conditions affecting the person's ability to work? (List in order of priority)

READ Code	Description	Covered by ACC?
1.		Yes / No
2.		Yes / No
3.		Yes / No

12. Is the person blind? (See Question 12 note)

No

Yes

13. If covered by ACC, what is the ACC Number?

14. How do the conditions listed in Question 11 impact on the person's capacity for work and the type of work they can undertake?

Impact on capacity for work

Work and Income would like to work with people to help them return to work when appropriate. For many people employment can play a significant role in their recovery.

This section asks you to provide information on how long the person's conditions and incapacity for work are expected to last, when these may change and what is being or could be done to assist the person into work.

Full-time and part-time work refer to suitable open employment that takes into account relevant restrictions.

Open employment is any mainstream employment in the open labour market which pays no less than the minimum wage and excludes any employment designed to cater for the needs of a severely disabled person.

Q17 note: Please indicate if the person is receiving treatment which may affect their capacity for work.

15. Do the conditions listed in Question 11 limit the person's capacity to work for 30 hours or more per week?

No ▶ Go to Question 22 Yes

16. Do the conditions listed in Question 11 limit the person's capacity to work regularly in open employment for 15 hours or more per week?

No
 Yes ▶ Is the person's incapacity for work expected to last at least 2 years? No Yes

OR: ▶ Is the person's life expectancy less than 2 years? No Yes

17. Is the person receiving active treatment or under the care of a specialist for any of the conditions listed in Question 11?

No Yes ▶ Please provide details below:

--

18. When is the person likely to be capable of:

	Now	1-3 months	3-6 months	6 months	Unlikely in less than 1 year
Work planning					
Limited training (less than 15 hours per week)					
Training (at least 15 hours per week)					
Limited part-time work (less than 15 hours per week)					
Part-time work (at least 15 hours per week)					
Full-time work (30 hours or more per week)					

19. Are there other treatments or interventions that could assist the person into work?

No Yes ▶ Please provide details below:

--

Q20 note: Please indicate the date from which the person was first unable to work as a consequence of their medical condition, or the date indicated on the client's re-assessment letter.

20. The person is unable to work from:

Day	Month	Year

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

2 years 5 years Never

Comments

Q23 note: Please provide a copy of any additional assessments or reports that may help Work and Income assist the person into work. This may include ACC assessments or NASC reports.

22. Would you like Work and Income to contact you about this person's condition or ability to work? No Yes

23. Please provide any comments that would assist Work and Income to determine entitlement to benefit and/or assist the person into work.

--

Health practitioner identity

Where the person (their guardian, legal representative, or agent) has not consented to the release of information, Work and Income will be unable to take this information into account when considering an application for benefit.

Clarification or current information may be required if there have been more than 20 working days between examination and completion of the certificate.

HPI No: Practitioner type: Doctor Dentist Midwife

I have discussed the information contained in this form with the person (their guardian, legal representatives, or agent) and they have agreed with the information being provided to Work and Income. No Yes

Health practitioner's full name

--

Practice name

--

Telephone number

()

Health practitioner's signature

--

Date person examined

Day	Month	Year

Date certificate completed

Day	Month	Year

9(2)(a)

From: 9(2)(a)
Sent: Tuesday, 3 August 2010 1:57 p.m.
To: 9(2)(a)
Subject: FW: 323206 V12A p4.pdf
Attachments: 323206 V12A p5.pdf; 323206 V12A p6.pdf

FYI - the corrections have now been made and this form is now ready for printing. it's the first one finished!

Let there be NO MORE changes!!!!

9(2)(a)

From: 9(2)(a)
Sent: Tuesday, 3 August 2010 12:08 p.m.
To: 9(2)(a)
Subject: 323206 V12A p4.pdf

Hi 9(2)(a)

Amended PDF attached.

Thanks
9(2)(a)

From: 9(2)(a)
Sent: Monday, 2 August 2010 1:16 p.m.
To: 9(2)(a)
Subject: FW: 09 - 323206 V12A p4.pdf

and now it's attached...

From: 9(2)(a)
Sent: Monday, 2 August 2010 1:15 p.m.
To: 9(2)(a)
Subject: RE: 09 - 323206 V12A p4.pdf

Hi 9(2)(a)

There is two more tiny corrections for this. I have marked them up - easier than describing where they are - but both on page 2 of the medical cert.

9(2)(a)

From: 9(2)(a)
Sent: Tuesday, 27 July 2010 9:20 a.m.
To: 9(2)(a)
Subject: FW: 09 - 323206 V12A p4.pdf

Hi 9(2)(a)

Amended PDF as requested on your 2 x emails below.

Kind regards

9(2)(a)

From: 9(2)(a)
Sent: Monday, 26 July 2010 4:40
To: 9(2)(a)
Subject: FW: 09 - 323206 V12A p4.pdf

I know that you will have forwarded this already, but someone has spotted that a capital i is required in Income, in the first sentence margin text on page 2.

Sorry for missing it,
9(2)(a)

From: 9(2)(a)
Sent: Monday, 26 July 2010 3:25 p.m.
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Hi 9(2)(a)

A person with fresh eyes has taken a look at this and spotted a couple of typos that we need to fix please,\\

Thanks
9(2)(a)

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9(2)(a)

From: 9(2)(a)
Sent: Thursday, 5 August 2010 11:03 a.m.
To: 9(2)(a)
Subject: Med Cert
Attachments: 323206 V12A p6.pdf

Hi 9(2)(a)

All good to go - the Minister is officially ok

9(2)(a)

DD 9(2)(a)
Senior Advisor, Income and Practice
Work and Income, Ministry of Social Development
PO Box 1556 Wellington

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9(2)(a)

From: 9(2)(a)
Sent: Tuesday, 12 October 2010 2:45 p.m.
To: 9(2)(a)
Subject: RE: Nurse practitioners

Hi 9(2)(a)

Come and chat whenever you are passing - and in the meantime I will save this email in my med cert folder and will come and see you at reprint time - although if there are any changes these should be tackled from now.

9(2)(a)

From: 9(2)(a)
Sent: Tuesday, 28 September 2010 11:54 a.m.
To: 9(2)(a)
Subject: Nurse practitioners

Hi 9(2)(a)

We were unable to delay the implementation so Nurse Practitioners are able to complete med certs now. We will need to amend the med cert ad relevant resources at the next opportunity.

When you are back, can we please have a chat about this?

9(2)(a)

9(2)(a)

DD 9(2)(a)
Senior Advisor, Income and Practice
Work and Income, Ministry of Social Development
PO Box 1556 Wellington

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9(2)(a)

From: 9(2)(a)
Sent: Tuesday, 16 November 2010 3:05 p.m.
To: 9(2)(a)
Subject: RE: Reorder - V12A RE-ORDER REQUEST ATTACHED

Hi 9(2)(a)

We need to add a little bit of text on the front cover (page 2) of this form. I've marked up the changes. Essentially, we now have to make some bullets in para 3 only - note the bold bits.

The certificate can only be completed by a:

- **registered medical practitioner**
- **nurse practitioner** (not practice nurse) for Sickness Benefit clients only
- **dentist** for dental related conditions
- **midwife** where the person is more than 27 weeks pregnant or has complications due to their pregnancy.

Once changes are made, please print 1200 pads

Thanks
9(2)(a)

From: 9(2)(a)
Sent: Monday, 8 November 2010 8:16 a.m.
To: 9(2)(a)
Subject: Reorder - V12A RE-ORDER REQUEST ATTACHED

Hi again 9(2)(a)
Please find attached my reorder to reprint no changes the above item.

Please advise.

Kind regards
9(2)(a)

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Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

Work Capacity Medical Certificate

RELEASED UNDER THE
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Information for health practitioners

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As well as being used to verify the person's condition and their ability to work or plan for work, the certificate will also be used to estimate the time the person is likely to be unable to work.

Who can complete the certificate?

The certificate can only be completed by a:

- **registered medical practitioner**
- **nurse practitioner** (not practice nurse) for Sickness Benefit clients only
- **dentist** for dental-related conditions
- **midwife** where the person is more than 27 weeks pregnant or has complications due to their pregnancy.

To complete the certificate, you must be registered to practice in New Zealand and have a current Annual Practising Certificate. Students, practitioners who are not registered and allied health practitioners cannot complete the certificate.

When should the certificate be completed?

You should complete the certificate as soon as you become aware that the person may be eligible for, or wishes to apply for, the Sickness Benefit, Invalid's Benefit or Independent Youth Benefit (Sickness). If this person does not meet the medical eligibility for one of these benefits, Work and Income will assess their eligibility for an alternative benefit.

You may also be asked to complete the certificate for people on other benefits who are temporarily unable to meet their work-related obligations due to sickness, injury or disability.

Sickness Benefit

Sickness Benefit is paid to people who are temporarily unable to work full-time because of sickness, pregnancy, injury or disability. They may have a job but have needed to reduce their hours, work part-time or become unemployed.

Invalid's Benefit

The Invalid's Benefit is paid to people who are permanently and severely restricted in how much work they can do because of sickness, injury or disability.

This means the person's incapacity for work is expected to continue for at least two years and the person is unable to work regularly for 15 hours or more a week in open employment. It can also mean the person has a terminal illness and is not expected to live more than two years.

People who are totally blind can also receive this benefit.

Independent Youth Benefit (Sickness)

The Independent Youth Benefit (Sickness) is paid to young people aged 16 or 17, who can't live with their parents, are independent and are unable to work because of sickness, pregnancy, injury or disability.

When the form is completed

Once you have completed the form, please hand it to the person so they can take it to their local Work and Income office.

Further information

If you need more information, you can:

- refer to your *Work and Income Guide for Health Practitioners* book
- contact your local Health and Disability Co-ordinator at your nearest Work and Income Regional Office
- call us free on **0800 559 009**
- visit our website **www.workandincome.govt.nz**.

Further information about Sickness Benefit, Independent Youth Benefit (Sickness) or Invalid's Benefit is also available in our Work and Income brochures.

Work Capacity Medical Certificate



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

This information will be used to establish the person's entitlement to benefit and assist them into work.

Personal details

Q1 note: If the person is known by more than one name, please provide the person's last name as it appears on their passport or birth certificate.

Q4 note: If you are not the person's usual medical practitioner you can still complete this form.

Q5 note: Work and Income may seek a second opinion.

- What is the applicant's name?**
First name(s) Surname or family name
- What is the applicant's residential address?**
- What is their date of birth?** Gender: Male Female
Day Month Year
- Are you the person's usual practitioner?** No Yes
- Who do you consider best placed to provide this information?** Yourself Second opinion
Other

Hospitalisation

- Is the person in hospital?**
 No Yes Hospital name:
Date of admission Expected length of stay (days)
Day Month Year

Pregnancy details

Q7 note: Sickness Benefit for pregnancy may start from the beginning of the 27th week of pregnancy or earlier in the case of associated illness or complications. It can be payable for up to 13 weeks after the birth of the baby.

- Is the condition pregnancy related?** No Yes Go to Question 11
- Has the baby been born?** (READ Code L20.1)
 No Yes Date of delivery: Go to Question 20
Day Month Year
- Is the person 27 or more weeks pregnant?** (READ Code ZV22.)
 No Yes Due date: Go to Question 20
Day Month Year
- Is the person less than 27 weeks pregnant with complications?**
 No Yes Please provide details below:
READ Code Description
1.
2.

Go to Question 20

Sickness, injury or disability

Q11 note: Please list the condition with the greatest impact on ability to work first. Include all relevant conditions including mental health, pain or obesity related.

Q12 note: Blindness a person must meet one or both of the following criteria:

- their best visual acuity, with correcting lenses, does not exceed 3/60 or 1/20 and/or
- their visual field is contracted to a maximum of five degrees on either side of the fixation point.

Q13 note: People who have ACC cover, or are awaiting a cover decision, may still be entitled to assistance from Work and Income.

- What are the main clinical conditions affecting the person's ability to work?** (List in order of priority)

READ Code	Description	Covered by ACC?
1.	<input type="text"/>	Yes / No
2.	<input type="text"/>	Yes / No
3.	<input type="text"/>	Yes / No
- Is the person blind?** (See Question 12 note) No Yes
- If covered by ACC, what is the ACC Number?**
- How do the conditions listed in Question 11 impact on the person's capacity for work and the type of work they can undertake?**

Impact on capacity for work

Work and Income would like to work with people to help them return to work when appropriate. For many people employment can play a significant role in their recovery.

This section asks you to provide information on how long the person's conditions and incapacity for work are expected to last, when these may change and what is being or could be done to assist the person into work.

Full-time and part-time work refer to suitable open employment that takes into account relevant restrictions.

Open employment is any mainstream employment in the open labour market which pays no less than the minimum wage and excludes any employment designed to cater for the needs of a severely disabled person.

Q17 note: Please indicate if the person is receiving treatment which may affect their capacity for work.

15. Do the conditions listed in Question 11 limit the person's capacity to work for 30 hours or more per week?

No ▶ Go to Question 22 Yes

16. Do the conditions listed in Question 11 limit the person's capacity to work regularly in open employment for 15 hours or more per week?

No
 Yes ▶ Is the person's incapacity for work expected to last at least 2 years? No Yes

OR: ▶ Is the person's life expectancy less than 2 years? No Yes

17. Is the person receiving active treatment or under the care of a specialist for any of the conditions listed in Question 11?

No Yes ▶ Please provide details below:

18. When is the person likely to be capable of:

	Now	3 months	3-6 months	6 months	Unlikely in less than 1 year
Work planning					
Limited training (less than 15 hours per week)					
Training (at least 15 hours per week)					
Limited part-time work (less than 15 hours per week)					
Part-time work (at least 15 hours per week)					
Full-time work (30 hours or more per week)					

19. Are there other treatments or interventions that could assist the person into work?

No Yes ▶ Please provide details below:

Q20 note: Please indicate the date from which the person was first unable to work as a consequence of their medical condition, or the date indicated on the client's re-assessment letter.

20. The person is unable to work from:
Day Month Year

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

2 years 5 years Never
Day Month Year

Comments

Q23 note: Please provide a copy of any additional assessments or reports that may help Work and Income assist the person into work. This may include ACC assessments or NASC reports.

22. Would you like Work and Income to contact you about this person's condition or ability to work? No Yes

23. Please provide any comments that would assist Work and Income to determine entitlement to benefit and/or assist the person into work.

Health practitioner identity

Where the person (their guardian, legal representative, or agent) has not consented to the release of information, Work and Income will be unable to take this information into account when considering an application for benefit.

Clarification or current information may be required if there have been more than 20 working days between examination and completion of the certificate.

HPI No: Practitioner type: Doctor Dentist Midwife

I have discussed the information contained in this form with the person (their guardian, legal representatives, or agent) and they have agreed with the information being provided to Work and Income. No Yes

Health practitioner's full name

Practice name

Telephone number

Health practitioner's signature

Date person examined

Date certificate completed

Day Month Year Day Month Year

9(2)(a)

From: 9(2)(a)
Sent: Wednesday, 24 November 2010 11:01 a.m.
To: 9(2)(a)
Cc: 9(2)(a)
Subject: FW: Amended 338543 V12A p1
Attachments: 338543 V12A Dec10 p1.pdf

Importance: High

Hi 9(2)(a)

Attached for your sign-off by email, is the new version of the SB/IB medical certificate. I was asked a little while ago by 9(2)(a) to start including 'nurse practitioner' in relevant forms and brochures. This is the first cab off the rank.

The only place in the form we had to put this change was on the front cover - each pad of med certs has a cover and you'll clearly see the changes there.

If you are happy with this addition, please email me your approval and we'll go to print.

Thanks
9(2)(a)

From: 9(2)(a)
Sent: Thursday, 18 November 2010 2:59 p.m.
To: 9(2)(a)
Subject: Amended 338543 V12A p1
Importance: High

Hi 9(2)(a)

Please find attached the amended PDF of V12A as discussed yesterday.

Kind regards

9(2)(a)

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Avoid printing, or print double-sided if you can.

9(2)(a)

From: 9(2)(a)
Sent: Wednesday, 24 November 2010 11:32 a.m.
To: 9(2)(a)
Subject: RE: Amended 338543 V12A p1

Hi 9(2)(a)

That looks awesome.

Cheers

9(2)(a)

Service Development Advisor
Income and Practice, Work and Income

DD 9(2)(a)

DDI

From: 9(2)(a)

Sent: Wednesday, 24 November 2010 11:31 a.m.

To: 9(2)(a)

Cc:

Subject: RE: Amended 338543 V12A p1

Happy if 9(2) is happy.

9(2)(a)

9(2)(a)

National Manager Income and Practice
Work and Income

P.O Box 1556

Wellington

9(2)(a)

From: 9(2)(a)

Sent: Wednesday, 24 November 2010 11:01 a.m.

To: 9(2)(a)

Cc:

Subject: FW: Amended 338543 V12A p1

Importance: High

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9(2)(a)

From: 9(2)(a)
Sent: Wednesday, 24 November 2010 11:37 a.m.
To: 9(2)(a)
Subject: RE: Amended 338543 V12A p1

Hi 9(2)(a)

I've checked this and the changes are now approved - please go to print

Thanks
9(2)(a)

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