

## Lodge online

If you are an eligible medical practitioner, you can complete and lodge a **Medical certificate (SU683)** form online using Health Professional Online Services (HPOS).

If you use HPOS, you do not need to complete this **Medical certificate (SU415)** form.

To find out more about HPOS, go to [servicesaustralia.gov.au/hpos](http://servicesaustralia.gov.au/hpos)

## When to use this form

Use this form if you are a medical practitioner and your patient is temporarily incapacitated due to a medical condition.

## Important information

The information you provide will help us make decisions about your patient, including:

- temporary exemption from Centrelink mutual obligation, participation or study requirements
- additional assistance or support.

A medical certificate for a temporary incapacity should only be provided for the period medically required.

## Information to help complete this form

### Diagnosis – conditions impacting work, study or participation in activities

List your patient's diagnosed medical condition(s) that has a functional impact on their ability to do any work, study or participate in activities. Provide a specific clinical diagnosis, if available, including staging and/or disease classification.

For example:

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

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

## Functional impact of medical condition

Detail the day-to-day functional impact the listed medical condition(s) has on the patient, including how it affects their ability to work, study or participate in activities.

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

Functional impact can include how well they can:

- sit or stand
- interact with other people
- concentrate
- use their senses
- undertake self-care (for example, showering, dressing, grooming tasks).

Include any assistance or interventions that may help your patient to find and keep a job (for example, a rehabilitation or pain management program).

## Duration of functional impact

Indicate the expected duration of the current functional impact of the medical condition, by selecting:

- up to to 13 weeks – current functional impact is expected to fully resolve within 13 weeks (including a temporary exacerbation of a permanent condition).
- more than 13 weeks and up to 24 months – current functional impact is expected to persist for more than 13 weeks and fully resolve within 24 months (including a temporary exacerbation of a permanent condition). Your patient may be receiving treatment or rehabilitation for cancer/leukemia, severe stroke, acquired brain injuries, serious burns, and serious physical injuries. This could include a severe mental health condition for which the person is receiving treatment in an institutional setting.
- more than 24 months – current functional impact expected to persist beyond 24 months and not likely to improve with treatment.

## Capacity to work, study or participate in activities

This relates to your assessment of the patient's capacity to do **any** work, study or participate in activities (for example, looking for work, volunteering or attending appointments with an Employment Service Provider).

Capacity to work includes any work that a person is capable of doing, not just work the person has previously done, prefers or what they are qualified for.

Capacity is not determined by non-medical factors (for example, age, work experience, education or language barriers).

## Treatment

Detail past, current and future/planned treatment for the listed medical condition(s).

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

## **Additional information about temporary exemptions and Centrelink requirements**

### **Temporary exemptions**

Centrelink customers who receive an income support payment may be required to actively seek work, study and/or participate in activities to help them find and keep work.

A temporary exemption from their requirements may be granted by Services Australia for the period where a patient's capacity to work, study or participate in activities is less than 8 hours per week.

Where a patient has a medical condition that reduces their capacity to work, study or participate in activities of 8 hours or more per week, a Services Australia allied health professional may conduct an assessment to determine the most appropriate support program or align activities to the patient's capacity.

### **Exemptions for people with a serious illness**

A serious illness exemption may be granted for some payments. A serious illness can include:

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

## **Confidentiality of information**

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

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

## **Release of medical information**

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

## **For more information**

If you need help to complete this form or selecting the appropriate consultation item for completing this form, call **132 150** Monday to Friday, 8:30 am to 5 pm, local time.

## **Returning this form**

Return this form and any supporting documents to your patient to lodge with Services Australia or upload using their Centrelink online account through myGov.

\* Denotes mandatory question

Centrelink customers can lodge this medical certificate using their Centrelink online account through myGov. For help, go to [servicesaustralia.gov.au/centrelinkuploaddocs](http://servicesaustralia.gov.au/centrelinkuploaddocs)

**Patient's details**

CRN

Family name

First name

Second name

Date of birth (DD MM YYYY)

Home address

Postcode

**Condition(s) impacting work, study or participation in activities**

**Primary condition**

\* Specific diagnosis

Date of onset (if known) (DD MM YYYY)

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

up to 13 weeks  more than 13 weeks and up to 24 months  more than 24 months

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

No   
Yes

Does this condition meet one of the serious illness categories outlined on page 2 of the **Notes**?

No   
Yes

**Secondary condition**

\* Specific diagnosis

Date of onset (if known) (DD MM YYYY)

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

up to 13 weeks  more than 13 weeks and up to 24 months  more than 24 months

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

\* How long is this incapacity expected to last?

From (DD MM YYYY)    To (DD MM YYYY)

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

No   
Yes  How many hours can they work, study or participate in activities on average each week?

**Functional impact for listed condition(s)**

**Past, current and planned treatment for listed condition(s)**

**Other condition(s)**

Is there any other condition(s) impacting capacity to work, study or participate in activities?

No   
Yes  You need to complete and return a separate **Medical certificate (SU415)** form.

**Your details**

Doctor's name (type or print in BLOCK LETTERS)

Qualification(s)

Provider no.

Surgery/Medical centre/Hospital name

Address

Postcode

Phone number (including area code)

Signature

Date (DD MM YYYY)



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## **Privacy notice**

### **Privacy and your personal information**

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