

In the District Court of New South Wales

Application for Medical Panel

In the matter of the Workplace Injury Management and Workers Compensation Act
1998

Worker:

AND

Employer:

Application is made, particulars of which are set out herein, for referral of (a) medical dispute(s) to a Medical Referee or Medical Panel. A copy of a medical practitioner's report of the examination of the applicant relevant to the medical dispute(s) is attached.

The particulars herein are declared to be correct.

Signed:

Worker/Employer/Insurer/Worker's Solicitor/Insurer's Solicitor (delete whichever is irrelevant)

Date:

Notes -

1. This form may be abbreviated by deleting injuries referred to in particulars 5(a) and 5(b) for which no certification is sought.
2. Certification may only be made in respect of the totality of a condition not including causes or intercurrent conditions. No certification can be given in respect of any previous injury or pre-existing condition or abnormality as referred to in section 68A of the 1987 Act.
3. The role of a Medical Panel is to act in accordance with legislative requirements and not to provide medical advice or treatment.
4. Applications under section 122(12) of the 1998 Act must be made jointly by the worker and the employer (Part 24E Rule 3 of the District Court Rules).

Particulars

1.

- a) Worker's surname and given names:
- b) Street address, suburb and State:
- c) Day, month and year of birth:
- d) Male/Female:
- e) Workers' telephone number:
- f) Workers' Solicitors (if applicable):
- g) Solicitors' Address:
- h) Solicitors' telephone number:

2.

- a) Name and place of business of employer:
- b) Nature of business of employer:
- c) Employer's telephone number:

3.

Date when claim for compensation was made upon the employer:

4.

- a) Name and address of insurer of employer:
- b) Insurer's telephone number:
- c) Insurer's solicitors (if applicable):
- d) Solicitor's address:
- e) Solicitor's telephone number:

5. a)

Put an **X** in the box below relevant to the injury in respect of which the Medical Panel Certificate is required.

Injury after 4pm 30 June 1987 only (1987 Act)

Injury	Condition Section 66	Fitness for Employment
<i>Speech Loss</i>		

Injury	Condition Section 66	Fitness for Employment
Loss of power of speech:		
<i>Sensory Loss</i>		
Loss of sense of taste		
Loss of sense of smell:		
Loss of sense of taste and smell:		
<i>Hearing Loss</i>		
Loss of hearing in both ears:		
Loss of hearing of one ear (if yes, state left or right):		
<i>Loss of vision</i>		
Loss of sight of both eyes:		
Loss of sight of an only eye:		
Loss of sight of one eye, together with serious diminution of the sight of the other eye:		
Loss of sight of one eye (if yes, state left or right):		
Loss of binocular vision (where not otherwise compensable under the table of permanent injuries):		
Loss of an eyeball (in addition to compensation for loss of sight of the eye) If yes, state left or right:		
<i>Arm injuries</i>		

Injury	Condition Section 66	Fitness for Employment
Dominant arm:	Left:	Right:
Loss of right arm at or above elbow:		
* Loss of right arm below elbow:		
Loss of left arm at or above elbow:		
Loss of left arm below elbow: (Where no loss at or above elbow is in dispute)		
<i>Hand injuries (Where no loss of the arm is in dispute)</i>		
Dominant hand:	Left:	Right:
Loss of right hand:		
Loss of left hand:		
*Loss of thumb of right hand:		
*Loss of thumb of left hand:		
*Loss of a joint of the thumb (If yes, state left or right):		
*Loss of forefinger of the right hand:		
*Loss of forefinger of the left hand:		
*Loss of 2 joints of forefinger of the right		

Injury	Condition Section 66	Fitness for Employment
hand:		
*Loss of 2 joints of forefinger of the left hand:		
*Loss of first joint of the forefinger of the right hand		
*Loss of first joint of the forefinger of the left hand		
*Loss of middle finger of either hand (if yes, state left or right):		
*Loss of 2 joints of middle finger of either hand (if yes, state left or right):		
*Loss of first joint of middle finger of either hand (if yes, state left or right):		
*Loss of little finger of either hand (if yes, state left or right):		
*Loss of ring finger of either hand (if yes, state left or right):		
*Loss of 2 joints of little finger of either hand (if yes, state left or right):		
*Loss of 2 joints of ring finger of either hand (if yes, state left or right):		
*Loss of the first joint of little finger of either hand (if yes, state left or right):		
*Loss of the first joint of ring finger of either hand		

Injury	Condition Section 66	Fitness for Employment
(if yes, state left or right): (*Where no loss of the arm or hand is in dispute)		
<i>Leg injuries</i>		
Loss of either leg at or above the knee (if yes, state left or right):		
Loss of either leg below the knee (if yes, state left or right): (Where no loss at or above knee is in dispute)		
<i>Foot injuries (where no loss of the leg is in dispute)</i>		
Loss of a foot (if yes, state left or right):		
*Loss of a great toe of either foot (if yes, state left or right):		
*Loss of a joint of the great toe of either foot (if yes, state left or right):		
*Loss of any other toe (if yes, state left or right):		
*Loss of any joint of any other toe (if yes, state left or right): (*Where no loss of the leg or foot is in dispute)		
<i>Bowel Injury</i>		

Injury	Condition Section 66	Fitness for Employment
Permanent loss of bowel function:		
<i>Loss of sexual organs etc</i>		
Loss of sexual organs:		
Loss of both breasts:		
Loss of one breast (if yes, state left or right):		
Loss of penis:		
Loss of one testicle (if yes, state left or right):		
Loss of two testicles:		
Loss of an only testicle:		
<i>Brain Damage</i>		
Permanent brain damage (being an injury which is not or is not wholly an injury otherwise compensable under the table of permanent injuries):		
<i>Permanent impairment of back, neck, pelvis</i>		
Permanent impairment of the back:		
Permanent impairment of the neck:		
Permanent impairment of the pelvis:		
<i>Disfigurement</i>		
Severe facial disfigurement (being an		

Injury	Condition Section 66	Fitness for Employment
injury which is not or is not wholly compassable under the table of permanent injuries):		
Severe bodily disfigurement (being an injury which is not or is not wholly compassable under the table of permanent injuries):		
<i>Mining Condition</i>		
Pneumoconiosis, bronchitis and/or emphysema:		
<i>Disease</i>		
HIV Infection:		
AIDS:		

5.(b)

Put an **X** in the box below relevant to the injury in respect of which the Medical Panel Certificate is required.

Injury after 4pm 30 June 1987 only (1987 Act)

Injury	Condition Section 66	Fitness for Employment
Loss of either arm, or the greater part there of (if yes, state left or right):		
Loss of lower part of either arm, either hand or five fingers of either hand (if yes, state left or right):		
Loss of leg or the greater part thereof (if yes, state		

Injury	Condition Section 66	Fitness for Employment
left or right):		
Loss of the lower part of a leg (if yes, state left or right):		
Loss of a foot (if yes, state left or right):		
Loss of sight of one eye with serious diminution of the sight of the other (if yes, state left or right):		
Loss of sight of both eyes:		
Loss of sight of one eye (if yes, state left or right):		
Loss of hearing of both ears:		
Loss of hearing of one ear (if yes, state left or right):		
Loss of power of speech:		
Loss of thumb (if yes, state left or right):		
Loss of a forefinger (if yes, state left or right):		
Loss of a joint of a thumb (if yes, state left or right):		
Loss of little finger (if yes, state left or right):		
Loss of middle finger (if yes, state left or right):		
Loss of ring finger (if yes, state left or right):		
Loss of a joint of a finger		

Injury	Condition Section 66	Fitness for Employment
(if yes, state left or right):		
Loss of joint of forefinger		
Loss of a toe (if yes, state left or right):		
Loss of a joint of a toe (if yes, state left or right):		
Loss of a great toe (if yes, state left or right):		
Loss of joint of great toe (if yes, state left or right):		
Loss of taste:		
Loss of smell:		
Loss of eyeball (in addition to any payment for loss of sight) (if yes, state left or right):		
Severe facial disfigurement:		
Loss of sexual organs (if yes, state left or right):		
Loss of both breasts:		

5. c) Is the condition stable? (State yes or no):

6.

- a) Has the medical practitioner's report (of which a copy is attached) of the examination of the applicant relevant to the medical dispute been furnished to the other party? (State yes or no):
- b) Was the report furnished to that party within 30 days of being received from the medical practitioner? (State yes or no):

- c) If it was not so furnished within that time, what circumstances are submitted under section 122(4) as justifying referral of the dispute to a medical referee or medical panel?
7. Has agreement been reached between the worker and the employer as to whether a certificate is required as to:
- a) The worker's condition? (State yes or no):
- OR
- b) The worker's fitness for employment? (State yes or no):
- AND/OR
- c) The kind of employment for which the worker is fit? (State yes or no):
- 8.
- a) Date of injury:
- b) Nature of injury:
- c) Nature of accident:
- 9.
- a) Is the worker receiving medical treatment? (State yes or no):
- b) If yes, from whom?
10. State the names and addresses of **ALL** medical practitioners who have treated or examined the worker in respect of the injury:
- 11.
- a) Has the worker received hospital treatment in respect of the injury? (State yes or no):
- If Yes, state:
- b) Name of hospital:
- c) As an outpatient or an inpatient:
- d) State brief details of periods and nature of treatment:

12.

- a) Are available medical records as to treatment and condition and x-ray reports attached? (State yes or no):
- b) If not, do you undertake to arrange for them to be delivered to the Court's Medical Section at least 7 days before the date fixed for examination?

13. What work has the worker done since the injury?

14. What work is the worker doing at present?

15.

- a) Is the worker fit to travel? (State yes or no):
- b) If not, give details:

16.

- a) Has the worker been examined at any time by a Medical Referee or Panel, pursuant to the 1987 or 1998 Acts or by a Medical Board pursuant to the 1926 Act in respect of the present or any other condition? (State yes or no):
- b) If yes, give Medical Panel or Board reference number:

17.

- a) Have any proceedings in respect of compensation been taken in relation to this or any other injury received by the worker? (State yes or no):
- b) If yes, give Court reference number:

18.

- a) Does the worker require the services of an interpreter? (State yes or no):
- b) If yes, what is the worker's preferred language?

Further Particulars