

1 6 FFR 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 <u>OIA Requests@msd.govt.nz</u>.

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 <u>www.ombudsman.parliament.nz</u> or 0800 802 602.

Yours sincerely

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

CLIENT NUMBER

•	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 NAME AND ADDRESS

Doctor: When completed, please return this form to:

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 with 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 compulsery to provide us with information but if you do not provide us with all the information we request, this may affect your edititiement 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.

Yes

PATIENT INFORMATION

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

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.

No

2. Is the medical assessment in relation to pregnancy?

Please go to Question 3 Yes

Please go to Question 4

No

IN CONFIDENCE

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3. Is the person 27 or more weeks pregnant?	Yes	Expected due date Incapacity code: (101)	Day	Month	Year	No
OR	_	Date of birth:	Day	MONT	lean	
Has the baby been born?	Yes	Incapacity code: (101)			Maar	No
OR			Day	Month	Year	
Is the person less than 27 weeks with complications?	Yes	Unfit from:				No
		Unfit to:	Day	Month	Year	
Please give details:		Incapacity code: (102)	Day	Month	Year	R
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PITAL			On l	(F	e le	1622
4. Is the person in hospital?		n	NV.	01	>	
Yes Name of hospita	ι 🦳			Publie	Private	
Data of admission	A STATE STREET	Fy	nertest perio	d of hospital o	are	and the second second
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	ion restrict their ability to be employed? (e	
APACITY	arily restrict the person from being emplo	yed.
You can also tick other incapacities (up to Congenital Conditions (103), Diab	two) if you wish, e.g:	
9. What is the person's medical incapac	ity that prevents them from being employ	ed?
Congenital Conditions (103)	Immune system disorders	Accident
Cancer (104)	HIV/AIDS (140)	Burns (100)
Intellectual disability (164)	Other immune system (141)	Fractures, dislocations, soft ti (injury (191)
Infectious/Parasitic diseases (105)	Metabolic & endocrine disorders	Poisoning, toxic effects (192)
Musculo-skeletal system & connective tissue disorders (106)	Diabetes (150)	Internal injuries (193) Injury to the nervous system (
Respiratory disorders (107)	Psychological ox psychiatric conditions	Back pain/injury (195)
Genito-urinary disorders (108)	Stress (160)	Overuse injury (196)
Blood & blood forming organs	Depression (161)	Complications of medical or surgical care (197)
(109) Skin & subcutaneous tissue disorders (110)	Bipolar disorder (162) Sehizophrenia (163)	Other injury (198)
Digestive system disorders (11)	Other psychological/psychiatric	
Nervous system disorder	Critechance aburg	
Epilepsy (424)	Substance abuse	
Multiple scierosis (121)	Accolor (170) Drug (171)	
Darkinson's disease (122)	Other substance abuse (172)	
Muscular dystrophy (123)	Sensory disorders	
Other nervous system (124)	Blindness (total) (180)	
Cardio-vascular	Other visual/eye (181)	
Heart disease (130)	Hearing/ear (182)	
Stroke (131)	Other sensory (183)	
Other cardio-vascular (132)	, <u></u> , <u></u> ,	
Comment:		

SPECIALIST CARE

10. Is the person currently receiving Specialist Care? Yes

Field of Speciality -----

.. No

Towards Em	PLOYMEN	т			
Work and participati	Income would on. We need	d like to work with a to know if the perso	ll our clients to plan for their f on is well enough to be contac	uture, including e ted about this.	mployment, rehabilitation and social
11. In you and In	r opinion is ti come to disc	ne person well enou uss this?	igh to be contacted by Work		Yes No
12. Is this	person likely	to be able to unde	rtake full time employment ir	the foreseeable	future?
Yes	-	ight this be?	Day Month	Year	No Unknown
13. Is the	person capal	le of undertaking p	part-time employment (less th	an 30 hours per	week) or training?
Yes		-time employment	\frown		irs per week No
Comm	ent:				
					(-)
14. Are th emplo	ere other reh syment?	abilitation activities	s (medical and or non-medica	I) that would be	p the person to move towards
Yes		comment below	N		Unknown
Comm	ent:		/	$\langle \nabla \rangle$	(P)
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Company on				~	
INVALID'S BEI			NP.	~ 10>	
For Invali	d's Benefit pu	rposes, Permanent	ly means: expected to persist	for at least 2 year	rs, or where the condition is such that gularly be employed 15 hours or more
the perso	n's lije expect in onen empl	ancy is less than 2) avment.	realis. Severe incaris. and the	Ø	
The P	arcon may di	alify for the Invalid	Benefit if they are permane	ntly and severel	y restricted in Yes
accide	ent or congen	ital condition or to	cause of sickness, or because tally blind. Do you recommend	d that the person	undergo an No
exam	ination to ass	ess their eligibility	for the Invalid's Benefit?		
			<u>All</u>	the second	
VERIFICATION	- MEDI	AL PRACTITIO	NER, DENTIST, MIDW	IFE	
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Work and Income is a service of the Ministry of Social Development – Te Manatū Whakahiato Ora.

Sickness Benefit -Medical Certificate



A service of the Ministry of Social Development

CLIENT NUMBER

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 NAME AND ADDRESS

Doctor: When completed, please return this form to:

MEDICAL PROFESSIONAL INFORMATION

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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. ess their eligibility for an If this person does not meet the medical eligibility for the Sickness Benefit Work and Income will as

alternative benefit.

Please ask the client to read the Privacy and Social Security statement second 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 boome may contact health providers to verify any health related information you give us.
- Other information that you give as 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,

NANCY		
The Sickness Benefit for pregnancy may start from the beginning illness or complication. The Sickness Benefit can be payable for	of the २७७१ week of pre or up to 13 weeks after	gnancy or earlier in the case of associa the birth of the baby.
2. Is the medical assessment in relation to pregnancy?	Please go to Qu	
	The Sickness Benefit for pregnancy may start from the beginning illness or complication. The Sickness Benefit can be payable fo	The Sickness Benefit for pregnancy may start from the beginning of the 27th week of pre- illness or complication. The Sickness Benefit can be payable for up to 13 weeks after 2. Is the medical assessment in relation to pregnancy?

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3. Is the person 27 or more weeks pregnant?	Yes)	Expected due date Incapacity code: (101)	Day	Month	Year	No
OR		Date of birth:				No
Has the baby been born?	Yes 🚺 🕨	Incapacity code: (101)	Day	Month	Year	NU
OR Is the person less than 27	V	Unfit from:		New Berger	10000	No
weeks with complications?	Yes		Day	Month	Year	
		Unfit to: Incapacity code: (102)				
Please give details:			Day	Month	Year	R
Please complete and sign the ver	rification sectio	n at the end of this form.			À(C	50
	Roan American the A			$\rightarrow \rightarrow \rightarrow$	6	
OSPITAL				V C	15	
4. Is the person in hospital?			$\langle \rangle >$	(F	2	
Yes Name of hospital			3XX	Public)	Private	
	Contraction and fact		Expected per	lod of hospital	care	
Date of admission	y Mont	h Year	Chectoppe	S		wee
No Date of discharge	e (if applicable)	alla.	Alto			
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CIDENT COMPENSATION	an ACC covere	d accidents				
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MEDI	ICAL CONDITION
	8. How does the person's medical condition restrict their ability to be employed? (e.g. difficulty walking, poor concentration) Please comment:
Incai	PACITY
	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).
8	9. What is the person's medical incapacity that prevents them from being employed?
1000	Congenital Conditions (103) Immune system disorders

HIV/AIDS (140)

Diabetes (150)

Stress (160)

Depression (161)

Bipolar disorder (162)

Schizophrenia (163)

Other psychological/psychiatric

Other substance abuse (172)

Blindness (total) (180)

Other visual/eye (181)

Hearing/ear (182)

Other sensory (183)

Psychological or psychiatric

Other immune system (141)

Metabolic & endocrine disorders

Other metabolic & endocrine (154)

conditions

(163)

Substance abuse

Alcohol (170)

Drug (171)

Sensory disorders

Burps (190)

Fractures, dislocations, soft tissue (njury 491)

Injury to the nervous system (194)

Poisoning, toxic effects (192)

Internal injuries (193)

Back pain/injury (195)

Complications of medical or surgical care (197)

Overuse injury (196)

Other injury (198)

SPECIALIST CARE

Cancer (104)

(105)

(109)

disorders (110)

Nervous system disorders

Epitepsy (120)

Cardio-vaseliar

Comment:

Stroke (131)

connective

Intellectual disability (164)

Musculo-skeletal system &

tissue disorders (106)

Respiratory disorders (107)

Genito-urinary disorders (108)

Skin & subcutaneous tissue

Digestive system disorders [121]

Multiple sclerosis (121)

Parkinson's disease (122

Muscular dystrophy (12)

Heart disease (130)

Other nervous system (124)

Other cardio-vascular (132)

C

Blood & blood forming organs

Infectious/Parasitic diseases

10. Is the person currently receiving Specialist Care? Yes

Field of Speciality ----

..... No

Tes y Wienninght this be: Day Month Year 33. 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 Yes Part-time employment Training Hours per week Hours per week 14. Are there other rehabilitation activities (medical and or non-medical) that would help the person to move tone employment? Yes > Please comment below No Whitnown Comment:	ARDS EMPLOYMENT					- Electrical de la companya de la compan		
11. In your opinion is the person well enough to be contacted by Work and income to discuss this? Yes 12. Is this person likely to be able to undertake full time employment in the foreseeable future? No Undertake full time employment in the foreseeable future? Yes > When might this be?	Work and Income would like to participation. We need to know	ork with all our clier if the person is well e	nts to plan for their enough to be conta	future, inc	luding emp t this.	oloyment, re	habilitation a	nd so
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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 Comment: Hours per week 14. Are there other rehabilitation activities (medical and or non-medical) that would fuely the person to move the person below No Whonwn Comment: No Yes Please comment below No Whonwn Comment: No Comment: No Segment: No Vex Please comment below No Whonwn Comment: No Segment: No Segment: No Segment: No Segment: No Segment: Segment: Segment:	Yes When might this	and the set of the set	Month	Year		No U	Unknowr	
per week in open employment. 15. The person may qualify for the Invalid's Benefit if they are permahently 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 fotally folind. Do you recommend that the person undergo an examination to assess their eligibility for the Invalid's Benefit? No VERIFICATION - MEDICAL PRACTITIONER, DENTIST, MIDWIFE Please provide your, full name, address, telephone and professional registration number. Occupation Signature Occupation Day Month Diffice Use Only Decision CASE MANAGER'S NAME CASE MANAGER'S NAME	Yes Part-time em Comment:	ertaking part-time e bloyment	Training and or non-medic	al) that wo	Hours	per week he person to kinknow		ds
Please provide your full name, address, telephone and professional registration number. StANE OR NUMBER ADDRESS Professional Registration Number Date person examined Telephone Number Day Month Signature Day Month Day Month CASE MANAGER'S NAME CASE MANAGER'S NAME Case MANAGER'S NAME	15. The person may qualify for his or her capacity for empl accident or congenital cond examination to assess their	nyment because of s ition or totally blind eligibility for the la	ickness, or becaus . Do you redommer valid 's Benefit?	e of injury Id that the	or disabili	ty from	Yes (
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Work and Income is a service of the Ministry of Social Development – Te Manata Whakahiato Ora.



A service of the Ministry of Social Development

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

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 Practicing 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 underhake full-time work

Independent Youth Benefit (Sickness)

parents, are independent and The Independent Youth Benefit (Sickness) is a type of income support paid to young people aged 16 of 32 who can't live with their can't work because of sickness, pregnancy, injury or disability.

Invalid's Benefit

oc disability that stops them from working or ere sickness Anitury The Invalid's Benefit is a type of income support paid to people who have a permanent and s 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 and income office. to their J

Further information

If you need more information, you can:

- refer to your Work and Income Guide for Wealth Prostitioners 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.

Medical Certificate

Work and Income

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.

Te Hiranga Tangata A service of the Ministry of Social Development

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.

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.

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 owniting a cover decision, may still be entitled to assistance from Work and Income.

Hospitalisation

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

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.

	First name(s) Surname or family name
than one ist name th	Residential address
t with act	Date of birth Gender: Male Female
h your orm. The ce before	Day Month Year 1. Is the person enrolled with your practice? 2. Who do you consider best placed to provide this information? Yourself Second opinion
r a t from a	Other
mûy	 3. Is the condition pregnancy related? No (Go to Q7) 4. Has the baby been born? Yes Date of delivery Month Year (Go to Q20)
week of sociated ess	(Read code L20) OR Is the person 27 or more weeks Ves Due date Due date (Go to Q20)
veeks	pregnant? (Read code ZV22.) OR Is the person less than 27 weeks pregnant with complications? Yes Please give details
	READ Code Description
ment of eeks. The	5. Unable to work from Day Month Year
aximum	6. When should the person's entitlement to benefit next be assessed? [
12	
$\overline{\langle}$	7. What are the main clinical conditions affecting the person's ability to work?
\searrow	READ Code Description Is it provisional? Covered by ACC?
hr	
ity or	
th the > ` first	
e of the	4
awditing led to	8. If covered by ACC, what is the ACC Number?
	9. Is the person in hospital? No Go to Q10) Yes Expected length
person or more.	name Date of Day Month Year Of stay (days)
	The second
	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
eiving h their	
446-	11. Are there other interventions which could assist the person into work? No Yes Please give details
t the	

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 stan periods).

Comments

Work and Income is a service of the Ministry of Social Dev	elopment – Te Manatū Whakahiato Ora.

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

o work (eg alfficulty working, pool oncentration, inability to stand for extended	13. When is the person likely to be capa	able of:						
eriods). York and Income would like to work with all		Now	< 1 month	1-3 months	3-6 months	>6 months	Unlikely in forseeable	
ur clients to help them plan for their future,			monur	monus	monas		future	
cluding employment, rehabilitation and occurrent of the second seco	Work planning							
	Training							
	Light/selected duties							
	Part-time work (up to 30 hours per week)						2	
	Full-time work (over 30 hours per week)						Δ	
	 14. Is the person totally blind (VA < 1/2 15. Does the person's sickness, injury of limit their capacity to seek, underta for employment for 30 hours or mouting prevent them from regularly being 	or disabilit ke or be a e per week or disabilit	y vailable		No Contraction of the contractio	Yes (60 to Q20) (60 to Q18)		
	for 15 hours or more per week	\times	>`	(\bigcirc))		\square	
lease indicate the date from which the erson was first unable to work as a onsequence of their medical condition, r the date indicated on the client's e-assessment letter.	 17. Is the person's condition expected to OR Is the person's life expectancy less 18. Unable to work from Day 	//	$\langle \land \rangle$		No U		Yes	
	19. When should the person's entitlem			accecced	,			
lork and Income requires reassessment for ickness Benefit at least every 13 weeks. The rst reassessment will be after a maximum f 4 weeks.	19. When should the person's entitlem	5		5 years		Never		
(and a little				and the second		
comments	20. Would you like Work and Income to about this person's diagnosis or al	contact y ility to wo	ou rk?		No		Yes	
f the person has a chronic or severe ondition, please attach a copy of any recent eports which would help determine	21. Please provide any comments that person.	would ass	ist the case	e manager	determine	appropriate	support for the	
appropriate support.								
$-\langle \langle \rangle \rangle$			ractitioner	type: Do	tor	Dentist	Midwife	
lealth practitioner	HPI Number			cype. ood			ـــا ***** (
identity	I have discussed the information of form with the person (their guardi representative) and they have agr information being provided to Wor	an or their eed with tl	legal 1e		No		Yes	
Where the person has not consented to the	Fuli name							
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account when considering an application for	Practice address							
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Medical Certificate for the Sickness and Invalid's Benefit and Independent Youth Benefit (Sickness)

Information for health practitioners

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When should the certificate be completed?

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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, presnarcy, 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 of 37, who can't live with their advents 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. Think 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 losal 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-ondigator at your nearest work and Income Regional Office

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· call us free on o800 559 009 or visit our website www.workandinsome.govt.nz.

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

Medical Certificate



A service of the Ministry of Social Development

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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.

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.

Sickness, injury or disability

Please include mental health, win or associated conditions sach 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, of are awaiting a cover decision, may still beeplited to assistance from Work graditicome.

Hospitalisation

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

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.

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

CLIENT NUMBER

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	Reside	ential address]
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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 stan extended periods).

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

poor concentration, inability to stand for extended periods).	13. When is the person likely to be cap	able of:				T	
Work and Income would like to work with all our clients to help them plan for their future, including employment,		Now	< 1 month	1-3 months	3-6 months	> 6 months	Unlikely in forseeable future
rehabilitation and social participation.	Work planning						
	Training						
	Light/selected duties						
	Part-time work (up to 30 hours per week)						
	Full-time work (over 30 hours per week)			/	P		K
	14. Is the person totally blind (VA < 1/2	o with cor	rection)?		No	Yes) (Go to Q19)
	 Does the person's sickness, injury of limit their capacity to seek, underta for employment for 30 hours or mor Does the person's sickness, injury of prevent them from regularly being it 	ike or be a e per weel or disabili	vailable k?		No No	(Go to Q18)	
	for 15 hours or more per week	$(\langle n \rangle)$	\searrow	\bigcirc	\rangle		\square
Please indicate the date from which the person was first unable to work as a consequence of their medical condition,	17. Is the person's condition expected to OR Is the person's life expectancy less	$\setminus \setminus \bigvee$			No No		Yes
or the date indicated on the client's re-assessment letter.	$\wedge \rangle \rangle \lor$	111		>			
Work and Income requires reassessment for Sickness Benefit at least every 13 weeks. The first reassessment will be after a maximum of 4 weeks.	19. When should the person's entitlem Day Month Year	14.)		s assessed	;]	Never	
Comments	20. Would you like Work and Income to about this person's diagnosis or al	contact ye wility to wo	ou rk?		No		Yes
If the person has a chronic or severe condition, please attach a copy of any recent reports which would help determine appropriate support.	21. Please provide any comments that person.			e manager	determine	appropriate	support for the
	<u> </u>						
Health practitioner	HPI Number		ractitioner	type: Doc	tor	Dentist	Midwife
identity	I have discussed the information c form with the person (their guardia representative) and they have agree information being provided to Wor	an or their eed with th	legal 1e		No		Yes
Where the person has not consented to the release of the information, Work and	Full name						
Income will be unable to take this	Deseties address						
information into account when considering an application for benefit.	Practice address				<u>.</u>		
			Taloph	ono numbor	$\overline{()}$		
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	Date person examined:				rtificate		
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Work Capacity Medical Certificate

V12A - SEP 2010

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 need 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 workrelated 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 bline can also receive this benefit.

Independent Youth Benefit (Sickness)

The independent Youth Benefit (Siskness) 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 Incom Te Hiranga Tangata A service of the Ministry of Social Developme		CLIENT NUMBER
Personal details	1.	What is the applicant's name?
Q1 note: If the person is known by more than one name, please provide		First name(s) Surname or family name
the person's last name as it appears on their passport or birth certificate.	2.	What is the applicant's residential address?
	3.	What is their date of birth? Gender: Male Female
Q4 note: If you are not the person's usual medical practitioner you can still complete this form.	4.	Are you the person's usual practitioner? Not the second opinion Yes Yourself Second opinion
Q5 note: Work and Income may seek a second opinion.	5.	Other
Hospitalisation	6.	Is the person in hospital? No Yes Hospital hame: Date of admission Day Month Year Expected length of stay (days)
Pregnancy details	7.	Is the condition pregnancy related? No So to Question 11 Yes
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.	8. 9.	Has the baby been born? (READ Code b20) Ves Date of delivery: Day Month Year Te the person 27 or more weeks pregnant? (READ Code ZV22.) No Ves 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: REAP Code Description 1.
Sickness, injury or	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?
disability Q11 note: Please list the condition with the greatest import on ability to work first. Include all relevant conditions including mental health, pain or obesity related.		I. Yes / No 2. Yes / No 3. Yes / No
Q12 note: Blindness a person must meet one or both of the following	12.	Is the person blind? (See Question 12 note) No Yes
 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. 	13. 14.	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?
Q13 note: People who have ACC cover, or are awaiting a cover decision, may still be entitled to assistance from Work and Income.		

Impact on 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?
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	16.	No ▶ Go to Question 22 Yes 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
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	17.	OR: ► Is the person's life expectancy less than 2 years? No Yes 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:
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	-9	When is the person likely to be capable of:
severely disabled person. Q17 note: Please indicate if the person is receiving treatment which may affect their capacity for work.	18.	Now 13 months 3-6 months Vomonths Unlikely in less than 1 year Work planning Vomonths Vomon
	19.	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) Are there other treatments or interventions that could assist the person into work?
Q20 note: Please indicate the date		The person is unable to work from:
from which the person was first unable to work as a consequence of their medical condition, or the date indicated on the clients re-assessment letter.	21.	Day Month Year When should the person's capacity for work next be assessed? 2 years 5 years Bay Month Year
Comments Q23 note: Please provide a popy of	23.	Would you like Work and Income to contact you about this person's condition or ability to work? No Yes Please provide any comments that would assist Work and Income to determine entitlement
any additional assessments or reports that may help Work and Income assist the person into work. This may include ACC assessments on NASC reports.	6	to benefit and/or assist the person into work.
Health practitioner identity	HPI N I hav	Io: Practitioner type: Doctor Dentist Midwife e discussed the information contained in this form with the person
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.	(thei with Health	r guardian, legal representatives, or agent) and they have agreed the information being provided to Work and Income. No Yes practitioner's full name
Clarification or current information may be required if there have been more than 20 working days between examination and completion of the certificate.		e name Telephone number practitioner's signature Date person examined Date certificate completed Day Month Year Day Month Year

2



A service of the Ministry of Social Development

Work Capacity Medical Certificate

V12A - DEC 2010

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 workrelated 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

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This means the person's fix apacity 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 vive more than two years

People who are totally plind can also receive this benefit.

Independent Youth Benefit (Sickness)

The Independent with 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

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- refer to your Work and Income Guide for Health Practitioners book
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- call us free on **o8oo 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 Incom Te Hiranga Tangata	ne	CLIENT NUMBER
A service of the Ministry of Social Developm	nent	them into work.
Personal details Or 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.	1. 2. 3.	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? Geoder: Day Month Year
Q4 note: If you are not the person's usual medical practitioner you can still complete this form. Q5 note: Work and Income may	4. 5.	Are you the person's usual practitioner? Yes Who do you consider best placed to provide this information? Yourself Second opinion
seek a second opinion.		Other ►
Hospitalisation	6.	Is the person in hospital? No Yes Hospital hame: Date of admission Oax Month Year
Pregnancy details	7.	Is the condition pregnancy related? No > Go to Question 11 Yes
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.	8.	Has the baby been born? (READ Code L20) Wo Ves Date of delivery: Go to Question 20 Day Month Year Is the person 2x or more weeks pregnant? (READ Code ZV22.) No Ves Due date: Go to Question 20 Day Month Year Is the person less than 27 weeks pregnant with complications? No Ves Please provide details below: READ Code Description 1. 2. Go to Question 20
Sickness, injury or	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?
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.		KEAD Code Description Code 1.
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.	12. 13. 14.	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?
Q13 note: People who have ACC cover, or are awaiting a cover decision, may still be entitled to assistance from Work and Income.		

Impact on 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?
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.	16.	No ▶ Go to Question 22 Yes 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
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.	17.	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 Is the person receiving active treatment or under the care of a specialist for any of the conditions listed in Question 11? No Yes No Yes Please provide details below:
Q20 note: Please indicate the date	19.	Are there other treatments of interventions that could assist the person into work? No Yes Please provide details below: The person is unable to work from:
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	5 21.	Day Month Year When should the person's capacity for work next be assessed? 2 years 5 years Never Day Month Year Year Year Year Year Year
Comments Q23 note: Please provide a capt of	22.	Would you like Work and Income to contact you about this person's condition or ability to work?NoYesPlease provide any comments that would assist Work and Income to determine entitlement
any additional assessments or reports that may help Work and Uncome assist the person into work. This may include ACC assessments or NASC reports.		to benefit and/or assist the person into work.
Health practitioner identity	HPI I	re discussed the information contained in this form with the person
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	(thei with	r guardian, legal representatives, or agent) and they have agreed the information being provided to Work and Income. No Yes practitioner's full name
this information into account when considering an application for benefit.	Practi	ce name Telephone number
Clarification or current information may be required if there have been more than 20 working days between examination	Health	practitioner's signature Date person examined Date certificate completed
and completion of the certificate.		Day Month Year Day Month Year

9(2)(a)	
From: Sent: To: Subject:	9(2)(a) Tuesday, 24 March 2009 4:48 p.m. 9(2)(a) RE: Reorder - V12A SICKNESS BENEFIT MEDICAL CERTIFICATE, reorder request attached
Hi ⁹ (2)(a)	
Yes, this is now approve	ed to print.
thanks	
9(2)(a) Business Services Work and Income Nation 9(2)(a)	nal Office
From:9(2)(a) Sent: Monday, 16 Marc To:9(2)(a) Subject: RE: Reorder - Hi ⁹ (2)(a)	h 2009 1:32 p.m. V12A SICKNESS BENEFIT MEDICAL CERTIFICATE, reorder request attached
As per your email below	
Please let me know if al	is sk to print.
Kind regards 9(2)(a) From: ^{9(2)(a)} Sent: Thursday. 12 Ma To: ^{9(2)(a)} Subject: RE: Represent Hi ^{9(2)(a)}	Ach 2009 2:35 W12A SICKNESS BENEFIT MEDICAL CERTIFICATE, reorder request attached
Further to our discussion header and footer chan	n, can you please restyle this, without changing any of the content. We really only need the ges, 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.
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 (2)(a)
This e-mail message has been scanned for Viruses and Content and cleared by MailMarshal
Please consider the environment before printing this enal and its attachments. Avoid printing, or print double-sided if you can.
This email message and any attachment(s) is intended only for the person(s) or entity(entities) to whom it is addressed. The information it contains may be classified as IN CONFIDENCE and may be legally privileged. If you are not the intended recipient any use, disclosure or copying of the message or attachment(s) is strictly prohibited. If you have received this message in error please notify us immediately and destroy it and any attachment(s). 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

This email message and any attachment(s) is intended only for the

person(s) or entity(entities) to whom it is addressed. The

information it contains may be classified as IN CONFIDENCE and may be legally privileged. If you are not the intended recipient any use,

disclosure or copying of the message or attachment(s) is strictly

prohibited. If you have received this message in error please

notify us immediately and destroy it and any attachment(s).

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

9(2)(a)

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



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.

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 Practicing 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 port 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.

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The Independent Youth Severit (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 Nealth and Disability Co-ordinator at your nearest Work and Income Regional Office
- call us free on 6800 559 009 or visit our website www.workandincome.govt.nz.

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

New bullet

increase gap a bit more before this line New paragraph

Medical Certificate

1.1.1.	
Work and Income	
Te Hiranga Tangata	
A service of the Ministry of Social Development	This information will be used to establish the person's entitlement to benefit and
	assist them into work.
Personal details	First name(s) Surname or family name
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.	Residential address
CET (I) COLO	
	Date of birth
	Day Month Year
If you are not the person's usual medical practitioner you can still complete the form.	Are you the person's usual practitioner? Who do you consider best placed to provide this information? Yourself Second opinion
Work and Income may seek a second opinion.	Other
	1 is the condition pregnancy related? No Go to 08) Yes
Pregnancy The Sickness Benefit for pregnancy may	Has the baby been born? Tes Date of delivery (Go to Qze)
start from the beginning of the 27th week of pregnancy or earlier in the case of associated	(Read code L20-) Day Month Year
illness or complications. The Sickness Benefit can be payable for up to 13 weeks	is the person 27 or more weeks Yes Due date Day Month Year (Go to Q29)
after the birth of the baby.	OR Is the person less than 27 weeks pregnant with complications? Yes Please give details
	Is the person tess than 27 weeks programmer to one the second
	READ Code Description
~	a Unable to work from
\wedge	When should the person's capacity for work next be assessed?
	Day Month Year
Hospitalisation	Lis the person in hospital? No Go to Q+2 Yes
this whole section	Hospital name
moves above	Date of admission Day Month Year Expected length of stay (days)
pregnancy section	
Sickness, injury or	8. What are the main clinical conditions affecting the person's ability to work? (List in priority order)
disability	READ Code Description Covered by ACC?
Please list the condition with the greatest impact on ability to work first.	1 bold these numbers and
include all relevant conditions including	2 ← centre in box
mental health, pain or obesity related.	3 4
Burn have been the summer on our sumplified	9. If covered by ACC, what is the ACC Number?
People who have ACC cover, or are awaiting a cover decision, may still be entitled to	10. How do the conditions listed in Question 8 impact on the person's capacity for work and the type of work
assistance from Work and Income.	they can undertake?

1

Die Barre and Barre a state	Align with others below
mpact on capacity for	11 Is the person blind? No Yes Go to Q19
vork Blindness – A person must meet one or	122 Do the person's conditions limit their capacity to or ability to undertake work related activities for 30 hours or more per week?
ooth of the following criteria: their best visual acuity, with correcting lenses, does not exceed 3/60 or 1/20,	132 Do the person's conditions prevent them from regularly No (Go to Q12) being in open employment for 15 hours or more per week? No (Go to Q12)
and/or their visual field is contracted to a maximum of five degrees on either side of the fixation point.	1 1s 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
Please indicate if the person is receiving reatment which may affect their apacity for work.	step 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
Full time and part time work refer to suitable	e ss When is the person likely to be capable of:
open employmen <u>t</u> Open employment is mainstream employment in the open labour market and a <u>t</u> the minimum wage or above,	Now 3 3-6 Unlikely in months months months less than 1 year
	Training Move this section to top, put 'Please indicate' para next,
	Limited part-time work (less than 15 then 'Blindness' para last.
	Part-time work (at least 15 to 29 hours per week)
	Full-time work (30 hours or more per week
	Are there other interventions which could assist the person Into work? No Yes Please give detail
lease indicate the date from which the erson was first unable to work as a onsequence of their medical condition, the date indicated on the client's e-assessment letter.	s8 Unable to work from Day Month Year When should the person's capacity for work next be assessed? Day Month Year Day Month Year
comments	By Would you like Work and Income to contact you No Yes
lease provide a copy of any additional ssessments or reports that may kelp fork and income assist the person into ork. This may include ACC assessments NASC reports	Please provide any comments that would assist the case manager to determine entitlement to benefit and/or assist the person into work.
lealth practitioner dentity	HPI Number 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 No Yes
there the person (their guardian, legal presentative, or egent) has not	the information being provided to Work and Income. Health practitioner's full name
consented to the release of information, Work and income will be unable to take this information into account when	
is information into account when	Practice address
is information into account when onsidering an application for benefit.	
is information into account when	Practice address Telephone number ()
is information into account when onsidering an application for benefit.	


Work and Incom Te Hiranga Tangata	е	CLIENT NUMBER
A service of the Ministry of Social Developme	nt	them into work.
Personal details	1.	What is the applicant's name? First name(s) Surname or family name
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.	2.	What is the applicant's residential address?
	3.	What is their date of birth? Gender: Male Female
Q4 note: If you are not the person's usual medical practitioner you can	4.	Are you the person's usual practitioner?
still complete this form.	5.	Who do you consider best placed to provide this information?
Q5 note: Work and Income may seek a second opinion.		Other >
Hospitalisation	6.	Is the person in hospital? No Yes Hospital name: Date of admission Pair Month Year Pair Month Year
Pregnancy details	7.	Is the condition pregnancy related? No > Go to Question 11 Yes
Q7 note: Sickness Benefit for pregnancy may start from the beginning of the 27th week of pregnancy or earlier in the case of	8.	Has the baby been born? (READCode 20)
associated illness or complications. It can be payable for up to 13 weeks after the birth of the baby.		Is the person 27 or more weeks pregnant? (READ Code ZV22.) No Yes > Due date: Day Month Yes > Due date: Day No Yes > Please provide details below:
		READ code Description
	V	2.
S CO	⊳.	Go to Question 22
Sickness, injury or disability	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?
O11 note: Please list the condition		1. Yes / No
with the preatest in pact on ability to work first. Include all relevant conditions in clu ding mental health,		2. Yes / No 3. Yes / No
pain or obesity related. Q12 note: Blindness a person must		Is the person blind? No Yes See Question 12 note
meet one or both of the following criteria:	12.	
 their best visual acuity, with correcting lenses, does not exceed 	13.	If covered by ACC, what is the ACC Number?
 3/60 or 1/20 and/or their visual field is contracted to a maximum of five degrees on either 	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?
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.		

En la suga de la	15.	Do the person's conditions activities for 30 hours or m			k or ability to undertake	work related
for work		No Go to Question 22	Yes			
Nork 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	16.	Do the person's conditions hours or more per week?	limit their c	apacity to wor	k regularly in open emplo	oyment for 15
n their recovery. This section asks you to provide nformation on how long the person's		No Yes Is the person's	incapacity for v	work expected to	last at least 2 years?	No Y
ondition and incapacity for work re expected to last, when these may hange and what is being or could be		OR: ► Is the person's	life expectance	y less than 2 yea	rs?	No Y
lone to assist the person into work. ull-time and part-time work refer to:	17.	Is the person receiving act conditions listed in Questi		it or under the	care of a specialist for ar	ny of the
 suitable open employment that takes into account relevant restrictions 		No Yes > Pl	ease provide det	taits below:		$ \rightarrow $
 open employment is any mainstream employment in the open labour market which pays no less than the 						\bigcirc
minimum wage and excludes any employement designed to cater for	18.	When is the person likely	to be capable	e of:		>
the needs of a severely disabled person.			Now	eamonths	3-6 months 6 months	Unlikely in le then 1 year
217 note: Please indicate if the person		Work planning		\sim		
s receiving treatment which may affect heir capacity for work.		Training			(\bigcirc)	
		Limited part-time work (less than 15 hours per week) Part-time work	$\langle \bigcirc \rangle$		\rightarrow	
		(at least 15 hours per week) Full-time work				
		(30 hours or more per week)	$ \xrightarrow{\sim} $	$\left(\sqrt{2} \right)$		
	C				· · · · · · · · · · · · · · · · · · ·	
20 note: Please indicate the date	20.	The person is unable to we		Day Month	Year	
form which the person was first unable to work as a consequence of their medical condition, or the late indicated on the client's	Dat.	When should the person's		work next be a years	s years Neve	er
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rom which the person was first unable to work as a consequence of their medical condition, or the tate indicated on the client's e-assessment letter.	And		2 ncome to cor	years		er
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om which the person was first nable to work as a consequence f their medical condition, or the ate indicated on the client's -assessment letter. Comments To a note: Please provide a copy of ny additional assessments ar reports that may help Work and Income assist he person into work. This may include CC assessments or MASC reports.	12. 23.	Day Month Year Would you like Work and I about this person's conditi Please provide any comme to benefit and/or assist th	ncome to con fon or ability ents that woo e person into	years	5 years Neve	ne entitlemen
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om which the person was first nable to work as a consequence f their medical condition, or the late indicated on the client's e-assessment letter. Comments The person letter of the second my additional assessments of reports the person into work. This may include the person into work is the person into account the person into account when onsented to the release of information, Work and Income will be unable to take his information into account when onsidering an application for benefit.	HPIN I hav Health	Day Month Year Would you like Work and H about this person's conditi Please provide any comme to benefit and/or assist th lo:	ncome to con on or ability ents that would e person into Pract a contained i atives, or age	years	5 years Neve	ne entitlemer
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Printed in New Zealand on paper sourced from well-managed sustainable forests using mineral oil free, soy-based vegetable inks

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 Africual Practicing 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 need 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 workrelated 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 incepacity 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 as 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 wark 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)
rom:	Friday, 9 July 2010 3:35 p.m.
Sent: 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.
(2)(a)	
From: 9(2)(a)	
Sent: Friday, 9 July 20: To: ^{9(2)(a)}	10 3:24 p.m.
To: ^{9(2)(a)}	
Subject: FW: V12a	
Hi ^{9(2)(a)}	
	()
9(2)(a) asked me to fo	prward this revised proof through to yourself
l (i - I De gerde	
Kind Regards	
9(2)(a)	
	$\langle \rangle \rangle$, $\langle M \rangle_{L}$
0(2)(a)	
From: ^{9(2)(a)}	10 3:17
Sent: Eridav. 9 July 20 To: ^{9(2)(a)}	
Cc:	
Subject: V12a	
This a mail massage	has been seanned for Viruses and Content and cleared by MailMarshal
This e-mail message	lias veen seamined for shares and
	V (D)
Please consider the anvironm Avoid printing of print double	ent before printing this email and its attachments.
Avoid printing of print double	-sided type call
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9(2)(a)	
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From: Sent: To: Subject: 9(2)(a) Wednesday, 14 July 2010 3:41 p.m. 9(2)(a) 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 Selec Committee





V12A - SEP 2010

Information for health practitioners

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Sickness Benefit

Sickness Benefit is paid to people who are temporarily unable to work full-time decause 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 aweek 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 and Income Te Hiranga Tangata A service of the Ministry of Social Developmen		CLIENT NUMBER
Personal details		What is the applicant's name? First name(s) Surname or family name
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.	2.	What is the applicant's residential address?
	3.	What is their date of birth? Day Month Year Gender: Male Pernale
Q4 note: If you are not the person's usual medical practitioner you can still complete this form.	•	Are you the person's usual practitioner? No Yes Who do you consider best placed to provide this information? Yourself Second opinion
Q5 note: Work and Income may seek a second opinion.		Other ►
Hospitalisation	6.	Is the person in hospital? No Yes Hospital name Date of admission Date Manth Year Date Manth Year
Pregnancy details	7.	Is the condition pregnancy related? No So to Question 11 Yes
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.	8. 9. (Has the baby been born? (REAB Code C2Q.) No Yes Date of delivery: Day Month Year Is the person 27 or more weeks pregnant? (READ Code ZV22.) No Yes Due date: Day Month Year Is the person less than 27 weeks pregnant with complications? No Yes Please provide details below:
		READ Code Description Go to Question 20 What are the main clinical conditions affecting the person's ability to work? (List in order of priority)
Sickness, injury or	11.	READ Code Description Covered by ACC?
Q11 note: Please list the condition with the greatest impact on ability to work first. Include ell relevant conditions including mental health, pain or obesity related.		1. 100 / 110 2. Yes / No 3. Yes / No
Q12 note: Blindness a person must meet one or both of the following criteria:	12.	Is the person blind? (See Question 12 note) No Yes If covered by ACC, what is the ACC Number?
 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. 	13. 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?
Q13 note: People who have ACC cover, or are awaiting a cover decision, may still be entitled to assistance from Work and Income.		

	2	
mpact on capacity	15.	Do the conditions listed in Question 11 limit the person's capacity to work for 30 hours or
or work		more per week?
Vork and Income would like to work with people to help them return to work when appropriate. For many people	16.	No So to Question 22 Yes 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?
mployment can play a significant role n their recovery.		
This section asks you to provide nformation on how long the person's conditions and incapacity for work are expected to last, when these may		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
hange and what is being or could be lone to assist the person into work. Full-time and part-time work refer to	17.	Is the person receiving active treatment or under the care of a specialist for any of the conditions listed in Question 11?
suitable open employment that takes nto account relevant restriction <u>a</u> Open employment is any mainstream		No Yes ▶ Please provide details below:
mployment 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.	18.	When is the person likely to be capable of:
Q17 note: Please indicate if the person is receiving treatment which may affect		Now camonths 3-6 months to months Unlikely in less
heir capacity for work.		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 officer treatments or interventions that could assist the person into work?
		(0)
Q20 note: Please indicate the date from which the person was first unable to work as a consequence	20:	Day Month Year
of their medical condition, or the date indicated on the client's re-assessment letter.	> [×] 21.	When should the person's capacity for work next be assessed? 2 years 5 years Never
	1	Bay Muliti real
Comments	32.1	Would you like Work and Income to contact you about this person's condition or ability to work? No Yes Please provide any comments that would assist Work and Income to determine entitlement
Q23 note: Please provide g.copy of any additional assessments or coports that may help Work and hocopic assist	⁄ 23.	to benefit and/or assist the person into work.
the person into work. This max include ACC assessments or NASC reports.		
Health practitioner	цо	I No: Practitioner type: Doctor Dentist Midwi
identity	Lba	ave discussed the information contained in this form with the person
Where the person (their guardian, legal representative, or agent) has not consented to the release of information,	(the wit	eir guardian, legal representatives, or agent) and they have agreed No Yes
Work and Income will be unable to take this information into account when	Heal	Ith practitioner's full name
considering an application for benefit.	Prac	ctice name Telephone number
Clarification or current information may be required if there have been more than		
20 working days between examination and completion of the certificate.	Heal	
	1	Day Month Year Day Month Year

9(2)(a)

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

and now it's attached ...

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

Hi^{9(2)(a)}

There is two more tiny correctlions 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: 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,\\

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When the form is completed

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Further information

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- refer to your Work and Income Guide for Health Practitioners book
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Further information about Sickness Benefit, Independent Youth Benefit (Sickness) or Invalid's Benefit is also available in our Work and Income brochures.

Work and Incom Te Hiranga Tangata A service of the Ministry of Social Developme		CLIENT NUMBER
Personal details Qs 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.	1. 2. 3.	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
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.	4. 5.	Day Month Year Are you the person's usual practitioner? N6 Yes 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 Date of admission Date Manth Year
Pregnancy details	7.	Is the condition pregnancy related? No > Go to Question 11 Yes
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.	8. 9.	Has the baby been born? (REAR Code L2a.) N0 Yes Date of delivery:
		Day Month Year Is the person less than 27 weeks pregnant with complications? No Yes ▶ Please provide details below: READ Fode Description 1
Sickness, injury or disability Out 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.	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
Q12 note: Blindness a person must meet one or both of the following criteria:	12.	Is the person blind? (See Question 12 note) No Yes
 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. 	13. 14.	If covered by ACC, what is the ACC Number?
Q13 note: People who have ACC cover, or are awaiting a cover decision, may still be entitled to assistance from Work and Income.		

	-	
Impact on capacity	15.	Do the conditions listed in Question 11 limit the person's capacity to work for 30 hours or more per week?
for work		No b Go to Question 22 Yes
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.	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?
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		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
change and what is being or could be done to assist the person into work. Full-time and part-time work refer to	17.	Is the person receiving active treatment or under the care of a specialist for any of the conditions listed in Question 11?
suitable open employment that takes into account relevant restrictions. Open employment is any mainstream		No Yes ▶ Please provide details below:
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.	18.	When is the person likely to be capable of:
Q17 note: Please indicate if the person is receiving treatment which may affect		Now Candonths 3-6 months than 1 year
their capacity for work.		Work planning Limited training
		(less than 15 hours per week) Training
		(at least 15 hours per week)
		(less than 15 hours per week) Part-time work
		(at least 15 hours per week)
		(30 hours or more netweek)
	19. (C	Are there other treatments or interventions that could assist the person into work?
\sim	\searrow	
Q20 note: Please indicate the date from which the person was first unable to work as a consequence	5~	The person is unable to work from: Day Month Year When should the person's capacity for work next be assessed?
of their medical condition, or the date indicated on the client's	21.	2 years 5 years Never
re-assessment letter.	A	Day Month Year
	H	
Comments	22	Would you like Work and Income to contact you about this person's condition or ability to work? No Yes Please provide any comments that would assist Work and Income to determine entitlement
Q23 note: Please provide a copy of any additional assessments or reports that may help Work ogd income assist	23.	to benefit and/or assist the person into work.
the person into work. This may include ACC assessments of NASC reports.		
$-(\bigcirc)$	-	
Health practitioner identity	HPI	No: Practitioner type: Doctor Dentist Midwife
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		the information being provided to Work and Income. No Yes
		h practitioner's full name
considering an application for benefit.	Practi	ce name Telephone number
Clarification or current information may be required if there have been more than	L	
20 working days between examination and completion of the certificate.	Healt	h practitioner's signature Date person examined Date certificate completed
una completion of the certificate.		Day Month Year Day Month Year
Sector and the sector of the sector of	w	

New Zealand Government

9	(2)(a)

From:	9(2)(a)
Sent:	Tuesday, 3 August 2010 1:57 p.m.
То:	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)



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: Mondav. 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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9(2)(a)

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

_{Hi}9(2)(a)

All good to go - the Minister is officially ok

9(2)(a)

DD9(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: Sent: To: Subject: 9(2)(a) Tuesday, 12 October 2010 2:45 p.m. 9(2)(a) 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

Hi9(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)

DD9(2)(a) Senior Advisor, Income and Practice Work and Income, Ministry of Social Developm PO Box 1556 Wellington

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9(2)(a)	
From:	9(2)(a)
Sent:	Tuesday, 16 November 2010 3:05 p.m.
То:	9(2)(a)
Subject:	RE: Reorder - V12A RE-ORDER REQUEST ATTACHED
Hi 9(2)(a)	
We need to add a little now have to make so	e bit of text on the front cover (page 2) of this form. I've marked up the changes. Essentially, we me bullets in para 3 only - note the bold bits.
The certificate can on	ly be completed by a:
- registered medical	practitioner
- nurse practitioner (not practice nurse) for Sickness Benefit clients only
- dentist for dental rel	berson is more than 27 weeks pregnant or has complications due to their pregnancy.
- Indame where the p	
Once changes are ma	ade, please print 1200 pads
Thanks	$\langle \langle \rangle \rangle \langle \rangle \rangle$
9(2)(a)	
From: 9(2)(a)	
Sent: Monday 8 Nov	ember 2010 8:16 a.m.
Subject: Reorder - V	12A RE-ORDER REQUEST ATTACHED
Hi again 9(2)(a)	
Please find attached n	ny reorder to reprint no changes the above item.
Please advise.	
let all an ende	
Kind regards 9(2)(a)	
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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 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 workrelated 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 be office 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 13 hours or more a week in open employment. It can also mean the person has a terminal illness and is not expected to five 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 **o8oo 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 and inco Te Hiranga Tangata A service of the Ministry of Social Develop		CLIENT NUMBER
Personal details Q: 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.	1. 2. 3.	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:
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.	3. 4. 5.	What is their date of birth? Day Month Year Are you the person's usual practitioner? Who do you consider best placed to provide this information? Other >
Hospitalisation	6.	Is the person in hospital? No Yes Hospital name: Date of admission Qay Month Year
Pregnancy details Of 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. 8. 9. (10.	Is the condition pregnancy related? Has the baby been born? (REAR Code 120.) Has the baby been born? (REAR Code 120.) No No Yes Date of defivery: Day Month Year So to Question 20 Day
Sickness, injury or	11.	Go to Question 20 What are the main clinical conditions affecting the person's ability to work? (List in order of priority)
lisability as note: Please list the condition with the gredtest impact on ability work first. Include oil relevant anditions including mental health, ain or obesity related.		READ Code Description Covered by ACC? 1.
iz note: Blindness a person must eet one or both of the following iteria: their best visual acuity, with correcting lenses, does not exceed 3,60 or 1/20 and/or	12. 13.	Is the person blind? (See Question 12 note) No Yes If covered by ACC, what is the ACC Number?
their visual field is contracted to a maximum of five degrees on either side of the fixation point. 13 note: People who have ACC over, or are awaiting a cover ecision, may still be entitled to ssistance from Work and Income.	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?

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	-					
Impact on 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?				
Work and Income would like to work		No 🕨 Go to Question 22 Yes				
with people to help them return to work when appropriate. For many people employment can play a significant role in their recovery.	16.	Do the conditions listed in Question 11 limit the person's capacity to work regularly in oper employment for 15 hours or more per week?				
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	17.	No Yes ► Is the person's incapacity for work expected to last at least 2 years? No Years? No				
change and what is being or could be done to assist the person into work.		OR: ► Is the person's life expectancy less than 2 years? No Years				
Full-time and part-time work refer to suitable open employment that takes into account relevant restrictions.		conditions listed in Question 11? No Yes ▶ Please provide details below:				
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.	18.	When is the person likely to be capable of:				
Q17 note: Please indicate if the person is receiving treatment which may affect		Now CB months 3-6 months 6 months Unlikely in les				
their capacity for work.		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 perweek)				
		Full-time work (30 hours or more perweek)				
	19.	Are there other treatments or interventions that could assist the person into work?				
		No Yes Please provide details below:				
	C					
Q20 note: Please indicate the date from which the person was first unable to work as a consequence	$\int $	The person is unable to work from: Day Month Year				
of their medical condition, or the date indicated on the client's	21.	When should the person's capacity for work next be assessed?				
re-assessment letter.	N	Day Month Year 2 years 5 years Never				
	10	Voy Month Feat				
Comments	22 1	Would you like Work and Income to contact you No Yes				
Q23 note: Please provide a copy of any additional assessments or reports	23. F	Please provide any comments that would assist Work and Income to determine entitlement to benefit and/or assist the person into work.				
that may help Work and Income assist the person into york. This may include ACC assessments of NASC reports.						
$- \alpha $	L					
Health practitioner	HPI No	Practitioner type: Doctor Dentist Midwife				
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		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					
this information into account when considering an application for benefit.						
Clarification or current information may	Practice n					
be required if there have been more than to working days between examination	L Hoalth					
nd completion of the certificate.	Health pra	actitioner's signature Date person examined Date certificate completed				
	2	Day Month Year Day Month Year				
		V12A - DEC 2010 New Zealand Government				
		inew zediana Government				

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9(2)(a)

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

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

Hi⁹(2)(a)

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

Kind regards

9(2)(a)

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9(2)(a)	
From: Sent: To: Subject:	9(2)(a) Wednesday, 24 November 2010 11:32 a.m. 9(2)(a) RE: Amended 338543 V12A p1
Hey ^{9(2)(a)}	
That looks awesome.	
Cheers	
9(2)(a) Service Development A Income and Practice, W DD ^{9(2)(a)} DDI	
From:9(2)(a) Sent: Wednesday, 24 N To: ^{9(2)(a)} Cc: Subject: RE: Amended	lovember 2010 11:31 a.m. 338543 V12A p1
Happy if 9(2) is happy. 9(2)(a) 9(2)(a) National Manager Inco Work and Income P.O Box 1556 Wellington 9(2)(a)	ome and Rrastice
From: ^{9(2)(a)} Sent: Wednesday, 24 Wi To: ^{9(2)(a)} Cc: Subject: FW: Amended Importance: High Hi ^{9(2)(a)}	ovember 2010 11:01 a.m. 338543 V12A p1

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Thanks 9(2)(a)

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From:	9(2)(a)
Sent:	
То:	Wednesdav. 24 November 2010 11:37 a.m. 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)	
From: ^{9(2)(a)}	
Sent: Thursday, 18 N To: ^{9(2)(a)}	lovember 2010 2:59 p.m.
Subject: Amended 3 Importance: High	38543 V12A p1
Hi ^{9(2)(a)}	
Please find attached t	he amended PDF of V12A as discussed vesterday.
Kind regards	$\langle \rangle \rangle \sim \langle M \rangle_{V}$
(2)(a)	
	$\langle \langle \rangle \rangle$
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