



Status Resolution Support Services (SRSS) Medical Certificate Form

Form

1567

When to use this form due to a medical issue.

This form should be used when your patient is seeking support due to a medical reason from the Department of Home Affairs (the Department) through the Status Resolution Support Services (SRSS) Program. The information you provide will help the Department make decisions about the length of time your patient may require support.

Returning this Medical Certificate

Return this form and any supporting documents by giving it to your patient to provide their SRSS Service Provider for submission to the Department.

Additional information for medical practitioners or health specialists completing the Medical Certificate

Diagnosis

List your patient's diagnosed medical condition/s that have a functional impact on their ability and capacity to work. Please provide a specific diagnosis if available, including staging and/or disease classification.

If your patient has more than two (2) conditions that have a functional impact, you can provide further supporting information in a separate medical certificate.

Capacity to work

This refers to your patients ability to perform any type of work, considering their capacity, and includes:

- any suitable work duties, and not just previous work undertaken. This is any work that a person is capable of doing and not just work the person prefers or what they are qualified for; and
- should not take into account non-medical factors such as age, work experience, education or language barriers.

Functional Impact

Detail the day-to-day functional impact the listed condition/s have on the patient, including how it affects their ability to work. Functional impacts may include physical and no-physical impacts of a conditions.

Treatment

Detail past, current and future/planned treatment for listed condition/s. This includes symptom management and functional rehabilitation treatment, as well as curative treatment.

Serious Illness

A serious illness can include:

- cancer/leukaemia
- severe stroke
- acquired brain injury
- severe burns
- severe physical condition requiring long term recovery, and
- severe/diagnosed mental health conditions.

Privacy

Personal information collected is protected by the *Privacy Act 1988*. Further information about how the Department collects, uses and discloses personal information for its key functions can be found in form 1442i Privacy notice. More information about the Department's general information handling practices (including form 1442i) is available on the Departments website <https://www.homeaffairs.gov.au/access-and-accountability/our-commitments/privacy/overview>



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Patient details

1 Family name

First name

Middle/other names:

2 Date of birth
Day Month Year

3 IMMICARD

4 Home address

 Postcode

Primary condition

5 Specific diagnosis

6 Date of onset (if known)
Day Month Year

7 Please outline the Treatment Plan (including any referrals and treatment timeframe).

8 Does the condition meet one of the serious illness categories on the previous page?
No ☐ Yes ☐ Other

Will the condition result in life expectancy of 24 months or less?
No ☐ Yes ☐ Unknown at this time ☐

Secondary condition

9 Specific diagnosis and treatment plan including any functional impacts and any referrals (where applicable).

Capacity to work

10 Can the patient perform any work related duties?
No ☐
Yes ☐ How many hours can they work on average each week?

Comments

11 How long will this incapacity last?
From Day Month Year

To Day Month Year

Comments

Doctor's details

12 Doctor's name

Provider number

Practice details

Doctor's signature