



Medical examination report for invalidity retirement

Contributor under the *Superannuation Act 1990*

SECTION A Appointment details

Member's surname

Member's given name(s)

You are requested to report for examination as follows:

Date ^D ^D / ^M ^M / ^Y ^Y ^Y ^Y

Time ^H ^H : ^M ^M AM PM

Location

SUBURB STATE POST CODE

Important information for scheme members/employers

The circumstances in which the medical examination should proceed are discussed in detail below. Please read them carefully.

Information for employers

- > Medical examination must be undertaken by one of our approved medical practitioners. (AMP)
- > A psychiatric assessment and report is mandatory for all psychiatric cases and for chronic conditions such as chronic pain and chronic fatigue syndrome.
- > The employer should complete the appointment details on the front page and the details in **Sections A and B** of the form.
- > The employer should attach relevant reports, including details of current and former duties, health assessment reports, and any rehabilitation program undertaken.
- > Up-to-date treating specialists/doctors reports are required in all cases.
- > The employer should hand these first two pages (pages 1 and 2) to the member and send the remainder of the form (pages 3 to 8), plus attachments, to the AMP, in time for the examination.

Information for scheme members

The purpose of this medical examination is:

- > to assess your current health status
and
- > to enable the examining physician to express an opinion on whether you are, or are likely to become, totally and permanently incapacitated.

You should attend the medical examination at the time specified.

You have the right to submit supporting evidence to the doctor conducting the examination.

At the medical examination you will be asked to sign both a declaration that you have read this information sheet and an authority to exchange medical information.

Information from this examination will be used by your employer to assist in deciding whether an application for invalidity retirement should be made. If an application is made, the information will be used by ARIA to assist in determining whether an invalidity retirement certificate should be granted to allow you to be paid invalidity benefits. In this regard, the application will be referred to an assessment panel engaged by ARIA to provide a recommendation on whether you can be considered to be totally and permanently incapacitated.

Personal information is treated as confidential and can only be released where relevant legislation allows.

Evidence obtained for the purpose of the invalidity process may be referred to any doctors or service providers who are asked to examine and/or provide reports concerning the member to assist in the examination and report-writing. Copies of evidence obtained by us may be provided to the employer, unless otherwise restricted, to assist in establishing future employment prospects.

Employer's details

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|------------------------|--|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|----------------------|--|--|--|
| Employer | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact officer | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number | BUSINESS HOURS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SUBURB | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | STATE | | | | POST CODE | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | <input type="text"/> | | | | <input type="text"/> | | | |
| Email address | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | @ <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION B Documentation

All documentation should be made available to the examining physician.

- Sick leave record
 Duty statement

List reports from treating doctors/specialists

| DATE OF REPORT (DD/MM/YYYY) | DOCTOR'S NAME | SPECIALTY |
|--------------------------------|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> |

List other relevant reports (eg Health Assessment Reports)

| DATE OF REPORT (DD/MM/YYYY) | DOCTOR'S NAME | SPECIALTY |
|--------------------------------|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> |

SECTION C Notes for the examining physician

The member named in Section A has been requested to report for examination to assess their likelihood of total and permanent incapacity (TPI). This medical examination is designed to obtain opinions on the likely long-term course of the member's illness or injury and to facilitate appropriate intervention/action to reduce the possibility of invalidity retirement.

Invalidity retirement will only be approved where the Trustee is satisfied the member has become totally and permanently incapacitated. Total and permanent incapacity means because of a physical or mental condition the member is unlikely to ever work again in a job which he or she is reasonably qualified for by education, training and experience or could be so qualified after retraining.

The Trustee will agree to invalidity retirement and payment of invalidity retirement benefits if satisfied the member is suffering from a permanent medical condition which is likely to prevent them from ever working again, and prevents the member from being retrained for any other suitable position. This criterion means the member is more than unfit to *perform their usual duties*. The Trustee will assess the member's potential for employment both within and outside the Public Sector.

| DATE OF REPORT (DD/MM/YYYY) | DOCTOR'S NAME | SPECIALTY |
|--------------------------------|---------------|-----------|
|--------------------------------|---------------|-----------|

3. _____

4. _____

After clinical examination, medical tests and specialist tests as appropriate, I consider that the member is suffering from the following medical condition(s). Please indicate on a scale of 1 to 10 the degree of incapacity for each condition (where 10 = total incapacity).

| | CONDITION | SCALE | ICD CODE TO BE INSERTED |
|----|----------------------|----------------------|-------------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION F Examining physician's recommendations

Any recommendations made below must be supported by reasons in the body of the report. If the recommendations are not supported this form will be returned for completion.

1. Is the member medically fit to resume all duties of his/her current position?

- Yes
 No

2. Is a further period of sick leave the best course of action?

- Yes – Complete Section F2(a) and F2(b)
 No – Go to Section F3

(a) To what date should further sick leave be granted?

D D
M M
Y Y Y Y

/ /

(b) What treatment/rehabilitation program should the member be undertaking while on sick leave?

TREATMENT/REHABILITATION PROGRAM

Continue to Section F3.

3. Should the member be considered for modified duties or reduced hours in his/her current position?

- Yes – Complete Section F3(a) and F3(b)
 No – Go to Section F4

Continued on next page

- (a) What modification to current duties do you recommend?

MODIFIED DUTIES

| |
|--|
| |
|--|

Continued on next page

- (b) What are the recommended hours of duty?

 per day week month

 Permanently. Partial invalidity pension may be payable in these circumstances.

 Temporarily until

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
| | | | | | | | | | |

Continue to Section F4.

4. Should the member be considered for alternative duties in another position in either the public or private sector?

 Yes – Complete Section F4(a) and F4(b)

 No – Go to Section F5

- (a) What alternative duties do you recommend?

ALTERNATIVE DUTIES

| |
|--|
| |
|--|

- (b) For how long are alternative duties required?

 Permanently

 Temporarily until

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
| | | | | | | | | | |

Continue to Section F5.

5. Could treatment or a rehabilitation program prevent the member's total and permanent incapacity?

 Yes – Complete Section F5(a)

 No – Go to Section F6

Continued on next page

