

Fitness upgrade program

(This is to be completed when an upgrade to pre-injury hours is not achieved within Fitness upgrade assessment and report (FW110A / B))

SECTION 1: DETAILS				
Worker's name		Provider		
Claim number		Consultant		
Work capacity at referral		Agent		
Hours worked per week pre-injury		Case manager		
SECTION 2: SUMMARY OF ACTIVITY DURING FITNESS UPGRADE ASSESSMENT				
Worker consultation including suitable employment options identified				
Treating doctor consultation				
Updated WorkCover Medical Certificate attached				
SECTION 3: FITNESS UPGRADE PROGRAM (as certified by treating doctor)				
What are the barriers to upgrading the worker's medically certified work capacity?				
Detail the agreed fitness upgrade pathway services to be arranged to facilitate upgrade in certified work capacity	Provider is to supply evidence of the treating doctor's certification for the worker to participate in the following Fitness upgrade program			
	Proposed start date	Fitness upgrade pathway service	Method of service (in-house / external)	Duration and attendance schedule (_ hours, _ days, _ weeks)

SECTION 4: WORKER'S STATEMENT

- I discussed with my RTW consultant the activities I agreed to participate in, which will assist me in increasing my capacity for work
- I am aware that if I cannot attend my appointments, or activities, I need to contact my RTW consultant in advance
- I have been given a copy of my Fitness upgrade program
- I confirm that my participation in activities and appointments included in my Fitness upgrade plan has been explained to me.
- I understand that I can have my Fitness upgrade program reviewed at any time to reflect any changes in my circumstances and my consultant will help me.
- My consultant has explained how my personal information and privacy will be protected.
- I understand that my Fitness upgrade program has been reviewed and discussed with my treating doctor.

Workers signature:

Date:

SECTION 5: RTW CONSULTANT'S STATEMENT

- I have discussed the Fitness upgrade program with the worker, and their doctor and explained the participation requirements, and support that will be provided.
- I agree to assist the worker in reviewing the Fitness upgrade program to reflect any changes in their circumstances.
- I have explained how the privacy of the worker's personal information will be protected.
- I have given the worker a copy of this Fitness upgrade program.
- This Fitness upgrade program has been discussed and approved by the treating doctor

Consultant's signature:

Date:

Review date with doctor and worker: