|  |  |
| --- | --- |
| Panel meeting date: |  |
| **Service Provider contact details** |
| Provider name: |   |
| Contact name: |   |
| Contact number: |  |
| Email: |  |
| **Case summary by Service Provider** |
| Employee Name |   |
| Employer (Agency) Name |   |
| Review Criteria | * *Tick all relevant boxes below:*
* Submitted within 21 days
* Extension approved by Review Panel Chair
* Relevant information about their medical condition was available and offered but not considered at the time of assessment; and/or
* Reasons for the nominated medical assessor’s recommendation were not consistent with the available information.
 |
| Initial Medical Assessment Recommendation of Employee's Fitness | *Delete options which do not apply*Fit to undertake inherent requirements of substantive positionFit for duty with temporary reasonable adjustmentsTemporarily unfit, likely to return to substantive duties, approx timeframe specifiedTemporarily unfit, likely to return to modified/ alternate duties, approx timeframe specifiedPermanently unable to return to pre-injury dutiesPermanently unfit for any duties |
| Outcome that employee seeks (if clear) |   |
| Summary of medical assessment evidence/findings |   |
| **Section completed by Review Panel Chair** |
| Is Review Panel determination consistent with medical assessment (circle one) | Consistent / Partially consistent/ Not consistent /Further assessment required |
| Further detail of panel review findings for letter to employer and agency |   |

|  |  |
| --- | --- |
| **Panel Members Signature** | **Date** |
| Dr Ian Gardner*Review Panel Chair* |  |  |
| Prof. Merrilyn Walton*Panel member* |  |  |
| Terry Hannan*Panel member* |  |  |