|  |  |
| --- | --- |
| 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 position  Fit for duty with temporary reasonable adjustments  Temporarily unfit, likely to return to substantive duties, approx timeframe specified  Temporarily unfit, likely to return to modified/ alternate duties, approx timeframe specified  Permanently unable to return to pre-injury duties  Permanently 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* |  |  |