

EXAMINATION DECLARATION

I certify that having assessed the member or medically retired member on:

EXAMINATION DATE

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in accordance with the *Police Act 1892*, the degree of permanent impairment for the injury detailed is:

Please state the degree of permanent impairment as a percentage. Please also specify the item number and the impairment description as per the *Workers' Compensation and Injury Management Act 1981* Part 2 of Schedule 2.

APPROVED MEDICAL SPECIALIST

SURNAME

CONTACT NUMBER

GIVEN NAME

EMAIL ADDRESS

ADDRESS

SIGNATURE

SUBURB

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DATE

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STATE

			POST CODE						
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Note: Copies of this certificate is to be forwarded to both the member or medically retired member and the Western Australia Police Force.