

The Medical Practitioner Certification form (M1) is only to be completed for Total Incapacity claims submitted through the ACT Leave Worker Portal.

For help completing this form email [enquiry@actleave.act.gov.au](mailto:enquiry@actleave.act.gov.au)

**Privacy** – Information on this form is collected under the *Information Privacy Act 2014*. Before completing this form, you must read the ACT Leave privacy statement available at <https://actleave.act.gov.au/privacy-policy/>

**Note for Medical Practitioners**

To be eligible to make a long service leave application on the basis of total incapacity, the applicant must have an illness or injury that permanently prevents them from continuing work in the relevant industry.

The applicant's Medical Practitioner must complete the section below.

**Certification by  
Medical Practitioner**

Applicant's surname

Given names

Can the applicant do their usual type of work? No  Yes

Will the applicant be able to return to work in the relevant industry? No  Yes

I examined the above patient on (date)

In my opinion this person has been unable to work in the relevant industry since (date)

**Signature  
of Medical  
Practitioner**



Date

Full name

Qualifications

Surgery address   
 State  Postcode

Contact phone number

Contact email

**Return this form and all supporting documents:**

- **online** – save this form and upload it to your Total Incapacity claim in the ACT Leave Worker Portal.