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**SUBMIT MEDICAL
CERTIFICATE TO:**

Lifetime Support Authority, Ground Floor, 30 Wakefield Street, Adelaide, SA 5000
or email to LSANotifications@sa.gov.au

Background

About the Lifetime Support Scheme:

The Lifetime Support Scheme (LSS) will provide necessary and reasonable treatment, care and support for people who suffer serious lifelong disabilities in a motor vehicle accident in South Australia, regardless of fault. The LSS applies to crashes that occur in South Australia on or after 1 July 2014.

FIM Assessments:

Any FIM or WeeFIM scores utilised must have been completed by a FIM assessor credentialed by the Australasian Rehabilitation Outcomes Centre (AROC) and must be undertaken within one month of this medical certificate.

This Medical Certificate must be completed by a Medical Specialist appropriately qualified in the injury type or if the injured person is a child under 3, it must be completed by a Paediatric Rehabilitation Physician/Specialist.

Details of Injured Person

First Name(s) of Injured Person

Surname/Family Name of Injured Person

Date of Birth

Date of Accident

Does the injured person have impaired
decision-making capacity?

Yes

No

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Injury Details – Please tick all of the applicable injury categories

Spinal Cord Injury

Permanent sensory or motor deficit or bladder bowel / dysfunction

Neurological (SCI) Level ASIA Impairment Scale
(Please supply ASIA scoresheet) ISAFSCI Scores

Does not meet the above injury criteria

Brain Injury

PTA is greater than 7 days and/or for children 3–8 years a GCS of less than 9 Number of days in PTA Still in PTA

OR

PTA is not available but the person has a significant brain imaging abnormality

AND

Is there at least one Functional Independence Measure (FIM) item scored 5 or less as a result of the brain injury (or for a child aged 3–8, a WeeFIM item scored 2 or less than the age norm as a result of the brain injury)?

Yes No No FIM Available

If the child is less than 3 years old (This must be completed by a paediatric rehabilitation physician/specialist)

The child will likely have permanent impairment resulting in a significant adverse impact on their normal development

Please provide reasoning as to how you formed your opinion:

Does not meet the above injury criteria

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Amputation(s)

The injury resulting in amputation or the equivalent impairment, is of the following types:

1) Limb amputation:

of the upper limb proximal to the first metacarpophalangeal joint of the thumb and the index finger	Left	Right
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OR

of the lower limb Proximal to the ankle	Left	Right
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OR

2) An upper limb impairment equivalent to an amputation proximal to the first metacarpophalangeal joint of the thumb and the index finger as a result of a brachial plexus avulsion or rupture.	Left	Right
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Does not meet the above injury criteria

Burns

Child Aged 16 and under:

The child has full thickness burns to at least 30% of the body, or full thickness burns to the hands, face or genital area, or permanent inhalation burns causing long-term significant respiratory impairment.

Adult Aged Over 16:

Full thickness burns to at least 40% of the body, or full thickness burns to the hands, face or genital area, or permanent inhalation burns causing long term significant respiratory impairment.

Does not meet the above injury criteria

Permanent Blindness

The injured person is legally blind

- (a) Visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes; or
- (b) Field of vision constricted to 10 degrees or less of arc around central fixation in the better eye irrespective of corrected visual acuity (equivalent to 1/100 white test object); or
- (c) A combination of visual defects resulting in the same degree of visual loss as that occurring in (a) or (b) above.

Does not meet the above injury criteria

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Declaration

I declare that I am a medical specialist experienced in the injury type described above, I have examined the injured person and to the best of my knowledge the above injuries are consistent with the motor vehicle accident as reported to me, or are consistent with the trauma that may arise out of a motor vehicle accident.

Medical Specialist's Name

Area of Specialisation

Qualifications

Contact Phone Number

Hospital/Facility

Signature

Date

Additional Information

Is there any other information that is relevant?

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