TOOWOOMBA P (07) 4620 0700 F (07) 4638 7376
STREET Level 1, 12 Neil Street, Toowoomba Q 4350
POST PO Box 2304, Toowoomba Q 4350

BRISBANE P (07) 3252 6900 F (07) 3846 7555
STREET Level 2, 10 Browning Street, West End Q 4101
POST PO Box 5054, West End Q 4101

E info@mcnab.net.au W www.mcnab.net.au

## Injured Worker Authorisation (Mandatory)

I John Kelis (Injured worker name), 31/01/93 (date of birth) of

14-20 Timbertrail Place Morayfield 4506 (Address)

working for:

Scozzia (Employer)

hereby give my consent for the Return to Work Coordinator to contact and discuss my claim, treatment and other matters relating to my rehabilitation.

Clinton Guest (RTW Coordinator)

I also authorise a McNab Employer or Contractor representative to attend the consultation and discuss rehabilitation options with my treating medical practitioner.

Treating Doctor: Dr Thao Nguyen
Address: Golden Beach Medical Centre

Other Medical treatment providers:

Name:
Address:

Name:
Address:

Name:
Address:

Signature: (Injured worker) Date: 29/4/23

The personal information collected as a result of this form may be used for the following purposes:

1. The management of your rehabilitation and successful return to work;
2. To facilitate your rehabilitation; and
3. Provide any on-going workplace support services as required.

Your personal information will not be disclosed to any person or agency without your express consent. Your personal information may be disclosed to a health care professional and the insurer in relation to the above purposes only. The personal information will not be included in your personnel file.