

### SUBMIT MEDICAL CERTIFICATE TO:

**Lifetime Support Authority, Ground Floor, 30 Wakefield Street, Adelaide, SA 5000**  
or email to [LSANotifications@sa.gov.au](mailto: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

### Injury Details – Please tick all of the applicable injury categories

#### Spinal Cord Injury

Permanent sensory / motor deficit / bladder dysfunction / bowel dysfunction

Neurological (SCI) Level

ASIA Impairment Scale  
(Please supply ASIA scoresheet)

ISAFSCI Scores

**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:

**Amputations**

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

1) Limb amputation:

from the upper limb proximal to the first metacarpophalangeal joint of the thumb and the index finger

Left     Right

OR

of the lower limb through or above the ankle

Left     Right

OR

2) A brachial plexus avulsion or rupture with an impairment equivalent to an eligible upper limb amputation.

Left     Right

**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.

**Permanent Blindness**

The injured person is legally blind

Visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes; or

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

A combination of visual defects resulting in the same degree of visual loss as that occurring in (a) or (b) above.

## 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

Qualifications

Contact Phone Number

Hospital/Facility

Signature

Date

## Additional Information

Is there any other information that is relevant?

**SUBMIT FORM**

**Lifetime Support Authority**

Ground Floor, Wakefield House  
30 Wakefield Street, Adelaide SA 5000

PO Box 1218, Adelaide SA 5000  
Email: LSANotifications@sa.gov.au