

## **REVIEW OF THE EXERCISE OF THE FUNCTIONS OF THE WORKCOVER AUTHORITY**

**Name:** Name suppressed

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Partially Confidential

## INJURED WORKER

MY NAME IS

IM AN INJURED WORKER IN 1994.. I WAS TERMINATED FROM EMPLOYMENT AS I WAS UNABLE TO RETURN TO MY PRE INJURY POSITION. AND NO SUITABLE DUTIES WERE ON OFFER.I HAVE WPI OF 19% I CANT PASS A MEDICAL AS I HAVE BACK AND NECK INJURIES.IM ON DAILY DOSES OF ENDONE (OXYCODENE) ARTHREXIN (INDOMETHACIN)NORFLEX(ORPHENADRINE)PANADINE FORTE.MOGADON..MY EX EMPLOYER/SELFINSURERS WORK CAPACITY ASSESMENT RECOMENDS ME TO OBTAIN EMPLOYMENT AS A FORKLIFT OPPEATOR 4HRS/ 5DAYS P/W.OHS STATE PEOPLE UNDER INFLUENCE OF DRUGS NOT OPPERATE MACHINERY.I CANT PASS A MEDICAL TEST YET IM EXPECTED TO FIND SUITABLE EMPLOYMENT WITH NO OTHER TRAINING PROVIDED. (I WAS A DIESEL PLANT MECHANIC)I HAVE TRIED TO RE ENTER THE WORK FORCE .WHEN PEOPLE FIND YOU HAVE A SERVERE INJURY THEY DONT WANT TO EMPLOY YOU.MY WHOLE LIFE HAS BEEN AFFECTED SINCE MY INJURY. MY RELASHIONSHIP. MY ABILITY TO ENJOY LIFE IM IN CONSTANT PAIN AND THE AMOUNT OF DISCS DAMAGED THEY CANT OPPERATE ALSO NERVE ,JOINT & DEGENERATIVE CHANGES ALL AMOUNT TO A WORLD OF PAIN FOR ME .. LET ALONE SURVIVING ON VERY LITTLE MONEY.. THIS JUST A LITTLE OF MY 19 -1/2 YEARS OF MY LIFE.. FEEL FREE TO CONTACT ME IF YOU WISH TO DISCUSS OR BE ABLE TO ASSIST ME IN ANY WAY. THANK YOU FOR YOUR TIME REGARDS ..