



MEDICAL CERTIFICATE

1. Name of Claimant.....
2. So far as you are aware, how did the injury arise.....
3. When did he first consult you in connection with this accident?
.....
4. Are you still in attendance?
5. Are you the usual Medical Attendant?
6. Please state fully the nature of injuries sustained
(If it is a limb or eye injured , state whether right or left).....
7. Are the symptoms from which he suffers due to the accident alone?
.....
8. Is the claimant suffering from any disease in addition to the present injuries or has he any physical defect?
9. State if the claimant by your advice is
 - (a) Confined to bedFrom.....To.....
 - (b) Confined to house.....From.....To.....
 - (c) Able to get out of doors.....
10. If the claimant is in your opinion unable to give any attention to his profession or occupation, as described on the back page , please state :

Date of commencement of total disablement.....

Probable future duration.....

11 . In the event of the claimant being able to give partial attention to such profession or occupation , please state :

12 . If recovered, please state date of recovery.....

13 . Has the patient sustained permanent disablement ?.....

14 . If so what is the percentage of disablement ?.....

15 . What in your professional assessment is the prognosis

Explain the basis of your statement.....

16 . General Remarks.....

I CERTIFY that to the best of my knowledge and belief the foregoing statements are correct .

Doctor's Full Name:

Signature:

Qualifications.....

Contact Telephone No.

Contact Address (postal & physical):

.....

Date.....