

MEDICAL REPORT AND CERTIFICATE

I DO HEREBY CERTIFY THAT THE WITHIN NAMED PARTY HAS RECEIVED FROM EXTERNAL VIOLENCE ,THE FOLLOWING ACCIDENTAL INJURIES:-

Regions Injured, If Limb, State Right or Left	Fracture	Dislocation	Cuts or Tears	Contusion or Crushing	Sprains	Nature And Extent Of Injuries

1. Name of patient

2. When did he first consult you about this accident?

3. Are you still in attendance?

4. Are you his usual doctor?

5. State nature of injury and how sustained

6. Is his condition due solely to the accident? YES NO If so give details

7. Please state whether his condition is complicated by illness or disease and whether he has any physical infirmity

8. Is he totally incapacitated from attending to any part of his occupation?

(a) Date of commencement

(b) Probable duration from date of this certificate

(c) If total incapacity has ceased, date of cessation

9. If he is only partially incapacitated in the sense that he is unable to attend to a substantial and essential part of his occupation?

(a) Date of commencement

(b) Probable duration from date of this certificate

(c) If partial incapacity has ceased, date of cessation

10. Is he/she on your advice confined to the house or hospital?

11. General remarks:

Signature

Qualifications

(+ Official Stamp)

Address

Date