

DOCTOR'S MEDICAL REPORT

1. Name of Patient : ----- ID No. : -----

2. Full description of Diagnosis : -----

a) Principal diagnosis : -----

b) Other diagnosis : -----

c) Is the condition a congenital nature ? Yes No

d) If "Yes" please clarify : -----

3. Has the patient been treated previously for this condition ? Yes No

a) If "Yes" please state when and by whom ? -----

Please indicate approximate date on which the illness contracted / begun or injury sustained ?

4. Has the patient any other disease or physical defect ? Yes No

If "Yes" a) What is the nature ? -----

b) To what extent may recovery be affected thereby ? -----

5. How long will the patient be unable to attend to his/her usual business/occupation and/or confined to house ?

From ----- To -----

6. What is your prognosis for a full and complete recovery ? -----

Signature : -----

Official Seal : -----

Qualifications : -----

Address : -----

Date : -----

Phone No : -----