

MEDICAL CERTIFICATE

1. Name of patient	
2. What Injuries has the patient sustained?	
3. When were you first consulted?	
4. How long has the patient been totally or partially disabled from engaging in or attending to usual business as the result solely of the injuries? How much longer do you consider such disablement will continue?	Totally from _____ to _____ Partially from _____ to _____ Totally from _____ to _____ Partially from _____ to _____
5. Has the Patient any disease or any physical defect and if so of what nature? To what extent may recovery be affected thereby?	

Signature _____ Qualifications _____

Address _____ Date _____ 20 _____

