

Doctor's Certificate

1. Name of patient: _____

2. When did he/she first consult you about this condition? _____

3. State the condition from which the patient is suffering: _____

4. Has he/she any illness or disease or physical infirmity apart from the condition named above? If so, please give details and indicate whether it will retard recovery: _____

5. Is he/she totally incapacitated from attending to his/her usual business or occupation?
 - a) Date of commencement: _____
 - b) Probable duration from date of this certificate: _____
 - c) If total incapacity has ceased, date of cessation: _____

6. Is he/she only partially incapacitated in the sense that he/she is unable to attend to a substantial and essential part of his/her business or occupation?
 - a) Date of commencement: _____
 - b) Probable duration from date of this certificate: _____
 - c) If partial incapacity has ceased, date of cessation: _____

7. If he/she on your advice confined to the house or hospital: _____

8. Is it your opinion that the disablement indicated above is solely attributable to the specified injury sustained?

If not, please state any contributory factors and the extent to which disablement is or has been thereby affected:

9. General remarks: _____

Signature: _____

Qualifications: _____

Address: _____

Date: _____

Any fee for this certificate is payable by the insured.