

***FINAL/PROGRESS MEDICAL REPORT**

(*Delete which is not applicable)

Surname of injured Employee
(Block Letters)

Name of Employer

Date of Accident

Describe any operation(s) procedure carried out and date(s)

Prognosis and further treatment?

(a) From what date has the employee been fit for his/her normal work?.....

or

(b) On what date is he likely to be fit for his/her normal work?

Has the employee's condition become stabilised?

If so, describe in detail any present permanent anatomical defect and/or impairment of functions as a result of the accident.

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Printed Name:
Address:
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Signature: General Practitioner
Date: