



PERSONAL ACCIDENT AND ILLNESS CLAIM
FOLLOW UP MEDICAL CERTIFICATE

I,

as a registered Medical Practitioner of (Practice)

certify that (name of claimant)

requires ongoing treatment for:

injuries caused by.....

or

illness (Please state)

1. Present condition (state clearly as possible)

2. Is the claimant suffering any injury or illness irrespective of his/her present disability or are there any other circumstances that may delay recovery?

3. Is it expected TOTAL/PARTIAL disablement will continue to

.....

4. If claimant now recovered, state date usual business or occupation can be/was resumed

Signed Dated

Practice (Stamp)