

MEDICAL CERTIFICATE

I am, the Doctor in department..... of

Hospital/ Clinic has examined the patient nameGender:Age.....

Date:.....Month:.....Year:.....

I would like to certify that the above patient had Disease Accident

Diagnosis:

Diagnosed/Happened Accident Date:

Resulting in impairment or condition as the below:

Left Eye	Right Eye
<input type="checkbox"/> Normal Vision or Blurred or Minor eye injury	<input type="checkbox"/> Normal Vision or Blurred or Minor eye injury
<input type="checkbox"/> Vision Acuity > 6/120 or Severe eye injury	<input type="checkbox"/> Vision Acuity > 6/120 or Severe eye injury
<input type="checkbox"/> Vision Acuity < 6/120 or Blind or Removed eye.	<input type="checkbox"/> Vision Acuity < 6/120 or Blind or Removed eye.
Left Upper Limb	Right Upper Limb
<input type="checkbox"/> Slightly loss of the use below the wrist.	<input type="checkbox"/> Slightly loss of the use below the wrist.
<input type="checkbox"/> Moderate loss of the use at or above the wrist.	<input type="checkbox"/> Moderate loss of the use at or above the wrist.
<input type="checkbox"/> Total loss of the use at or above the wrist.	<input type="checkbox"/> Total loss of the use at or above the wrist.
Left Lower Limb	Right Lower Limb
<input type="checkbox"/> Slightly loss of the use below the ankle.	<input type="checkbox"/> Slightly loss of the use below the ankle.
<input type="checkbox"/> Moderate loss of the use at or above the ankle.	<input type="checkbox"/> Moderate loss of the use at or above the ankle.
<input type="checkbox"/> Total loss of the use at or above the ankle.	<input type="checkbox"/> Total loss of the use at or above the ankle.

Regarding to assessment above:

- Above mentioned limbs/eyes can be recovered with proper treatment.
- Above mentioned limbs/eyes can be recovered less than 50% with proper treatment.
- Above mentioned limbs/eyes are total and irrecoverable loss of the use/sight or Total and Permanent Disability.

Date:.....Month:.....Year:.....

Examined and Certified by Doctor

Agreed by (Director of Hospital/ Clinic)