



NICO
General

associated with  Sanlam group

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MEDICAL CERTIFICATE (P.D.)

Name of Employer: _____

Name of Claimant: _____

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|--|---------------------------|
| 1. (a) Are you the usual medical attendant of the claimant? (b) What was the date of your first attendance for the present injuries? (c) Are you still in attendance? | (a) (b) (c) |
| 2. State the cause of the accident as known by you | |
| 3. Give details of the treatment claimant has undergone or is undergoing. | |
| 4. Give particulars of the injuries sustained: (a) Regions injured (b) Nature and extent of the injuries (c) Are the symptoms due to the accident alone or are they traceable to any other cause. | (a) (b) (c) |
| 5. Is the claimant now, or was he at the time of the of the accident, subject to, or suffering from, any illness or disease? If so, please state its nature and to what extent his recovery may be affected by it. | |

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6. Is the claimant permanently disabled? Yes or No. _____
If the answer is Yes: Totally or Partially _____
If totally disabled state the percentage of incapacity suffered. Percentage _____
- (a) Describe fully, the nature of the Disablement, (a)
(b) Does the disablement exist now? (b)
(c) How does the disablement impair the claimants normal activities? (c)
(d) Is the disablement of a permanent nature or is it likely to improve with time? (d)
(e) Describe fully your prognosis:
(i) for the twelve months immediately following the accident. (e) (i)
(ii) Thereafter (ii)
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Use the reverse of this form if further space is required

Signature: _____ Qualifications: _____

Name: _____

Address: _____ Date: _____

