



**NICO  
General**

associated with  Sanlam group

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## MEDICAL REPORT

The Medical Officer  
Senior/Medical Superintendent

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Dear Sir,

RE: \_\_\_\_\_  
\_\_\_\_\_

The above named person was injured on \_\_\_\_\_  
in a road accident at \_\_\_\_\_

and we understand that he/she was treated/admitted at your hospital. As it is likely that this person may be involved in a civil claim, we would be grateful if you could please complete the details of his/her injuries and current status of his/health below and return this form to us.

Thanking in advance for your assistance.

For:.....  
Company Limited

Date:.....

1. Age: \_\_\_\_\_
2. Date admitted to hospital: \_\_\_\_\_
3. In patient number: \_\_\_\_\_
4. Date discharged from hospital: \_\_\_\_\_
5. Treated as an outpatient from: \_\_\_\_\_

6. Out patient number: .....

7. Nature of injuries: .....  
(please state in detail and explain unusual Medical terms)

.....  
.....  
.....  
.....  
.....

8. Name of the doctor(s) who attended the above named person  
.....

9. Mention all clinical analyses made (Including X-rays where applicable)  
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.....  
.....  
.....

10. State the Medical Treatment offered  
.....  
.....  
.....  
.....

11. If surgical operations were performed, please state the nature  
.....  
.....  
.....  
.....

12. What were the results (of surgical operations)  
.....  
.....  
.....

- 13. Have the injuries completely healed?.....  
.....
- 14. Specify if there is any body malfunction/ disfigurement/ permanent scars/shortened limbs.  
.....  
.....  
.....
- 15. Has the patient suffered any permanent incapacity?.....
- 16. If the answer to Question 15 is YES, state the Degree of Permanent Incapacity: (Both in figures and in Words)  
.....
- 17. He/she will no longer be able to perform his/her precious job as a  
.....
- 18. He/she will no longer be able to perform manual work  
.....
- 20. He/she is completely healed or would require further examination –  
.....  
.....

I declare that I am duly authorized to issue this document and that the information given above is true to the best of my professional ability and that I am ready to defend every detail given herein if I am summoned to do so even in a court of Law.

Signature of Doctor: .....

Name of Doctor: (PRINT/CAPITAL LETTERS.....

Date: .....

Position held: .....

Hospital stamp: .....