

## 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) .....

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Prognosis and further treatment .....

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(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: .....

Signature: General Practitioner

Address: ..... Date: .....

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