



MINISTRY FOR FINANCE



**OCCUPATIONAL
PERSONAL
ACCIDENT
BENEFIT
SCHEME**

OCCUPATIONAL PERSONAL ACCIDENT BENEFIT SCHEME

FORM B MEDICAL CERTIFICATE FORM (TO BE COMPLETED BY THE EMPLOYEE'S MEDICAL DOCTOR)

Preliminary guidance note: This medical certificate, once completed and not later than 14 days from the date of the accident, is to be sent to:

The Manager - Occupational Personal Accident Benefit Scheme
c/o Ministry for Finance, 'Maison Demandols', South Street, Valletta VLT1102

I, Dr _____ of _____
certify that Mr/Ms _____, holder of ID Card number _____
of _____
was injured on _____ at _____.
The nature of the injuries suffered are _____

_____.

a) Are you the employee's usual medical attendant?

If yes, for how long you have been his/her medical attendant?

b) What treatment, medication or therapy has been prescribed to the employee?

c) Is the employee suffering from any other condition which might affect his/her recovery?

d) Are you aware of anything in the employee's previous history which may delay his/her recovery?

If yes, please give details.

e) Do you envisage the need to refer the employee to a specialist?

If yes, who and when?

f) If applicable, is the employee solely and directly, totally or partially disabled as a result of the injuries suffered?



Additionally, if applicable, please complete the following:

From _____ - _____ To _____ Prognosis (Please indicate disablement period)

- i) Confined to house
- ii) Unable to give attention
- To his usual occupation
- Estimated date of recovery

Signature: _____

Name & Qualifications: _____

Registration number: _____

Email address: _____

Contact number/s: _____

Date: _____

