

2. Please describe fully the nature and extend of the claimant's disability: _____

3. With reference ot the enclosed job Description, how has this condition limited the claimant in the performance of any part of the normal duties connected with the job? _____

4. In your opinion, on what date was the claimant last able to fulfill the duties of his/her own occupation?

5. In your opinion, when will the claimant be able to engage in any part of his/her usual occupation:
- 5.1 Full-time: _____
- 5.2 Part-time: _____
6. If the claimant has already recovered and returned to work, please give the date of return to work:

7. In your opinion, when is the claimant likely to be able to follow his/her own, a similar or other occupation?

8. In your opinion, is the claimant's life expectancy lowered by the injury / illness: YES / NO
If "YES", to what extent?

I certify that I have personally attended to the claimant and that all the above statements are correct to the best of my knowledge.

FULL NAMES AND ADDRESS:

SIGNATURE: _____

QUALIFICATIONS: _____

SPECIALISTS FIELD: _____

DATE: _____

TEL. NO.: _____

YOUR ASSISTANCE IN THE COMPLETION OF THIS FORM IS APPRECIATED.