

CERTIFICATE OF MEDICAL ATTENDANT

To be completed by a legally qualified and registered medical attendant who has treated the Participant for the injuries sustained. Expenses incurred will be borne by the Participant.

Patient's Name		Old/New NRIC No.	
I. Please provide the description of injury and the clinical condition of the injured part at every subsequent visit in detail (Location/Size/ Joint Range Of Movements (ROM) /Actual treatment given).			
Dates of consultation	Injuries Description in detail	Treatment given in detail	MC/Light Duty Dates

II. Fracture Treatment Information		
i) Location of Fracture		
ii) Type of Fracture		
iii) Treatment Given	Date Started/Applied	Date Stopped/Removed
Plaster of Paris (POP)		
Bandages		
External Fixation		
Internal Fixation		
Physiotherapy (Partial Weight Bear)		
Physiotherapy (Full Weight Bear)		
iv) Last date of consultation : _____		
Condition of wound : _____		
If injury involves joints, please state range of movement _____		
v) Does the patient suffers from any permanent disablement? If yes, please describe.		
vi) Was the patient under influence of intoxicating liquor, drugs or narcotics at the time of accident?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I hereby certify that the above information is correct as per record from hospital/clinic.

Signature of doctor	
Date	
Name	
Qualification	
Telephone No.	
Address of Hospital/Clinic	
Hospital/Clinic Stamp	