

MEDICAL CERTIFICATE

To be completed by the attending Doctor/Dentist and supplied at the expense of the claimant

1

Name of claimant _____

2

When did the student first consult you in connection with this accident? _____

Please state fully the nature of the injuries sustained _____

Are the symptoms being suffered due to the accident alone? _____

3

How long has the student been totally or partially disabled from attending college as a result solely of the injuries?

Totally: From _____ To _____ Partially: From _____ To _____

Is the student suffering from any condition in addition to the present injuries, or has he/she any pre existing medical condition contributing to this condition? _____

If so, state the nature of same, and to what extent the recovery may be affected _____

4

General Remarks _____

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I certify that to the best of my belief the above met with the accident referred to and that the foregoing statements are correct

Signature _____ Qualification _____

Address _____ Date / /