

SOCIAL SECURITY ORDINANCE, 1979

**CLAIM IN RESPECT OF PRESCRIBED
DISEASE OR INJURY**

FOR OFFICIAL USE
CLAIM NO.

I. PARTICULARS OF CLAIMANT

Surname(s): _____

Name(s): _____

Address: _____

Date of birth: _____ Sex: _____

Occupation: _____ Hours worked per week: _____

Employer's full name: _____

Address: _____

SOCIAL SECURITY NO.					

II.

FIRST MEDICAL CERTIFICATE

I certify that today I examined.....
and found him suffering from a disease/injury which is prescribed in the Third Schedule to the Social Security
(Benefit) Regulations, namely:

.....
.....

*This is the first time that I found patient suffering from this condition.

*In my opinion patient is incapable of work.

*In my opinion patient is not incapable of work.

REMARKS: _____

Date of examination: _____

Signature of medical practitioner: _____

Printed name: _____

Address: _____

*Delete or modify as necessary.