

**B 422A  
INITIAL**

**PERUBATAN / MEDICAL**  
*Sulit / Confidential*

Serial No. :

WCC. No.:.....

**MEDICAL REPORT**  
**INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE**

In all cases of suspected industrial injury or occupational disease, two copies of this report should be completed and forwarded to the Commissioner of Labour.

Name of Injured Person : .....

Occupation : ..... Patient Registration No. : .....

Date of Birth : ..... Age : ..... Sex : .....

NRIC No. : ..... Date / Place of Issue : .....

Present Address : .....

Permanent Address : .....

Name of Employer : .....

Registered Address : .....

Post Box No. : ..... Telephone No. : .....

Brief history of injury / disease, including part of body affected :

Provisional Diagnosis :

Disposal :  
(whether admitted to hospital as an in-patient (Date of Admission to be stated) or Treated as an out-patient)

Estimated Temporary Disablement :  
(whether unfit for work of any kind or fit for light work only, for stated number of days or till further notice and whether any permanent disablement is likely to ensue)

To be seen again on :

Further report will be sent on or about : .....

Date : ..... .....

*Signature and Designation of  
Medical Practitioner*