

**B 422C
FINAL**

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, where the injury or disease have been fully recovered or on completion of medical treatment, 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. :

Diagnosis :

Present Condition :

(whether fully recovered and fit for normal duty or fit for light work only (for period to be stated). If patient has been discharged from hospital since last report, the Date of Discharge should be stated).

Temporary Disablement :

(to state the actual period (number of days) in which the patient has been incapacitated from performing his normal duty).

Permanent Disablement :

(whether in the opinion of the Medical Practitioner there are any permanent after effects of the injury such as are likely to reduce the patient's earning capacity in the occupation he was pursuing at the time of the accident, if feasible, an estimate of the percentage loss of earning capacity should be given).

Further Remarks (if any) :

(such as, further medical treatment overseas is necessary).

Date :

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*Signature and Designation of
Medical Practitioner*