Injury on Duty Grant / Pension

SOCIAL SECURITY

38, Ordnance Street, Valletta, VLT 1021 E-mail: social.security@gov.mt Website: www.socialsecurity.gov.mt Freephone 153

* Indicates mandatory information

Report of Medical Specialist		
The person named below:		
Identity Card Number: *		
Name: *	Surname: *	
Address: *		
Is hereby certified to suffer from a percentage disablement of	% because of an Injury or	Disease suffered during

his/her employment or self-occupation.

A detailed description of the diagnosis and opinion regarding the current medical condition is required to be filled-in in the space below. Additional pages may be added and endorsed if the supplied space is deemed as insufficient for the description of claimant's medical condition.

Signature of Medical Specialist

Date

Rubber Stamp