

# Report of Injury

Medical Doctor Declaration

\* Indicates mandatory information

## Applicant's Details

Identity Card Number: \* \_\_\_\_\_

Name: \* \_\_\_\_\_

Surname: \* \_\_\_\_\_

## To be filled by the Medical Doctor Examining the Injured Person

I have examined the injured applicant and certify that he / she is not able to report back for work today due to an injury specified in **Table A** and **Table B** below.

In my opinion this applicant will not be able to return to work for at least \_\_\_\_\_ more (days / weeks / months).

## Table A – Classification of Type of Injury at Work

Medical Doctor is requested to tick (✓) type of injury on the table below:

Type of Injury	Tick (✓)
Injury not known or not specific	<input type="checkbox"/>
<b>Superficial Wound or Injury</b>	
Superficial Injury	<input type="checkbox"/>
Open wound	<input type="checkbox"/>
Other type of superficial wound or injury	<input type="checkbox"/>
<b>Fracture of Bones</b>	
Closed fractures	<input type="checkbox"/>
Open fractures	<input type="checkbox"/>
Other type of bone fractures	<input type="checkbox"/>
<b>Dislocations, Disjoints and overwork</b>	
Dislocations	<input type="checkbox"/>
Disjoints and overwork	<input type="checkbox"/>
Other types of dislocations, disjoints and overwork	<input type="checkbox"/>
<b>Amputation of body parts</b>	<input type="checkbox"/>
<b>Concussion and Internal Injury</b>	
Concussion and head injury	<input type="checkbox"/>
Internal Injury	<input type="checkbox"/>
Other types of concussion and head injury	<input type="checkbox"/>
<b>Burns, Scalds and Skin Inflammation due to cold</b>	
Burns and scalds	<input type="checkbox"/>

Type of Injury	Tick (✓)
Burns due to chemical	<input type="checkbox"/>
Inflamations of skin due to cold	<input type="checkbox"/>
Other types of burns, scalds and skin inflammation due to cold	<input type="checkbox"/>
<b>Poisoning and Infections</b>	
Severe poisoning	<input type="checkbox"/>
Severe infection	<input type="checkbox"/>
Other types of poisoning and infections	<input type="checkbox"/>
<b>Drowning and Shortness of Breath</b>	
Shortness of breath	<input type="checkbox"/>
Drowning	<input type="checkbox"/>
Other types of drowning and shortness of breath	<input type="checkbox"/>
<b>Noise Effects</b>	
Severe hearing loss	<input type="checkbox"/>
Other noise effects	<input type="checkbox"/>
<b>External temperature, Light and Radiation Effects</b>	
Heat and Sunstroke	<input type="checkbox"/>
Radiation Effects	<input type="checkbox"/>
Low temperature effects	<input type="checkbox"/>
Other effects due to External Temperature, Light and Radiation	<input type="checkbox"/>
<b>Shock</b>	
Shock from aggression or threatening	<input type="checkbox"/>
Traumatic Shock	<input type="checkbox"/>
Other types of shock	<input type="checkbox"/>
<b>Multiple Injury</b>	
Other specific injuries not listed in this table	<input type="checkbox"/>

**Table B – Part of Body Effected due to Incident**

Medical Doctor is requested to tick (✓) the part of body effected due to the incident on the table below:

Part of Body Effected due to Incident	Tick (✓)
A nonspecific part of the body	<input type="checkbox"/>
<b>Head</b>	
Head, Brain, Nerves of the Skull	<input type="checkbox"/>
Face	<input type="checkbox"/>
Eyes	<input type="checkbox"/>
Ears	<input type="checkbox"/>
Teeth	<input type="checkbox"/>
Various parts of the head	<input type="checkbox"/>
Another part of the head not mentioned above	<input type="checkbox"/>
<b>Neck and backbone</b>	
Neck and backbone	<input type="checkbox"/>
Other parts of the neck not mentioned above	<input type="checkbox"/>
<b>Back and backbone</b>	
The back and the backbone	<input type="checkbox"/>
Other parts of the back not mentioned above	<input type="checkbox"/>
<b>Torso</b>	
Ribs, joints, shoulders	<input type="checkbox"/>
Chest	<input type="checkbox"/>
Pelvis, Stomach	<input type="checkbox"/>
Various parts of the torso	<input type="checkbox"/>
Other parts of the torso not mentioned above	<input type="checkbox"/>
<b>Upper part of the body</b>	
Shoulders and shoulders' joints	<input type="checkbox"/>
Arm and elbow	<input type="checkbox"/>
Hands	<input type="checkbox"/>
Fingers	<input type="checkbox"/>
Wrist	<input type="checkbox"/>
Various parts of the upper part of the body	<input type="checkbox"/>
Parts of the upper part of the body not mentioned above	<input type="checkbox"/>
<b>Lower part of the body</b>	
Hips and hips' joints	<input type="checkbox"/>
Legs and knee	<input type="checkbox"/>
Ankle	<input type="checkbox"/>
Foot	<input type="checkbox"/>
Toes	<input type="checkbox"/>
Various parts of the lower part of the body	<input type="checkbox"/>

Part of Body Effected due to Incident	Tick (✓)
Parts of the lower part of the body not mentioned above	<input type="checkbox"/>
<b>Whole body or various non-specific parts</b>	
Whole body	<input type="checkbox"/>
Various body parts	<input type="checkbox"/>
Other parts of the body not mentioned above	<input type="checkbox"/>

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Name and Surname (Doctor)

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Medical Council Number

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Signature (Doctor)

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Date