

GEMINIA INSURANCE COMPANY LIMITED
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MEDICAL CERTIFICATE

NOTE FOR ATTENDING DOCTOR

This form should be completed by the doctor and sent to the company at the above address under registered cover. Any delay in sending this form may prejudice the claimant. X-ray or any relevant reports should accompany this form so that the company's medical officer may understand the exact nature and extent of the injuries or illness.

1. a) The Claimant's name _____

b) For what previous illness or injuries have attended the claimant? _____

c) The Claimant's Age _____ Weight _____ lbs Height _____ Feet _____ Inches

2. Description of the present injuries

For an eye, hand, arm, foot, or leg, state whether it is the Right or Left

3. Present state of disability _____

4. Are the injuries in their present condition sufficiently accounted for by the description of the accident given by the claimant? Yes No

5. Date when the injuries were sustained _____

6. On what day and where did you first attend the claimant in consequence of such injuries? _____

7. Are you aware of anything in the previous medical history of the Claimant which might have contributed, directly or indirectly, to this occurrence of the accident, or which may be likely in any way retard his recovery from it? Yes No

Other relevant comments: _____

Please state the duration of TOTAL disablement _____ days Partial disablement _____ days

Note: By Total Disablement it is understood that the claimant is prevented by the injury from attending to any portion of business or occupation Partial Disablement is when the claimant is so slightly injured, or has so far recovered, as to be able to transact some portion of business or occupation, but as the whole.

I certify to the Directors of GEMINIA INSURANCE CO.LTD that foregoing statements are correct, and that I have no reason to suspect the claimant was otherwise than sober when the accident occurred.

Signature _____ Qualification _____

Telephone Number _____ Date _____ Address _____