Form P11a

nssa
A Lifelong promise

NATIONAL SOCIAL SECURITY AUTHORITY ACT, 1989
PENSION AND OTHER BENEFITS SCHEME

MEDICAL REPORT CERTIFICATE

To The Medical Practitioner...

You are kindly requested to fill in this form, (P11a) for the purpose of a benefit claim under the Pension and other Benefits Scheme for your patient and submit to the patient's Social Security Offices as confidential information.

Your professional assessment is required. Your patient may be further examined by a Medical Board if need be.

1. Name and address of Patient: .....
   (USE BLOCK CAPITALS) .....
   .....
2. Social Security No of Patient: .....
   National I.D. No. of Patient: .....
3. Date of first Examination: .....
   Date of subsequent examinations: .....
4. Occupation: .....
5. Diagnosis, Cause and Nature of Incapacity:.....
   .....
   (a) State whether the condition is likely to be reversable, deteriorate or is permanent:.....
   .....
   (b) State whether or not the patient is capable of continuing with his/her normal work:.....
   .....
   (c) Approximate how long the condition is going to last:.....
6. List positive investigations in support of preferred diagnosis:

	Test	Date Done
1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....

(Attach the most recent and relevant results to the form)

7. Any other observations:.....
   .....

NAME OF MEDICAL PRACTITIONER.

.....
DATE

.....
SIGNATURE OF MEDICAL PRACTITIONER

Address:.....
Telephone Number:.....

Medical Registration Number under Medical Association

DECLARATION BY CLIENT

I (first name)..... (surname).....
consent to the divulgence of my medical information to the NSSA doctor to enable him to informatively and competently process my claims.

...../...../.....
DATE

.....
SIGNATURE