

**THE NATIONAL INSURANCE BOARD
EMPLOYMENT INJURY BENEFIT
FOLLOW-UP MEDICAL CERTIFICATE**

NI 19A

FOR OFFICIAL USE	
CLAIM NO.:	<input type="text"/>
SERVICE CENTRE CODE:	<input type="text"/>

WARNING! Pursuant to Section 33 of the National Insurance Act, a person who makes any false statement is liable on summary conviction to a fine of \$3,000.00 and to imprisonment for two years.

(Please use Block Capitals)

SECTION "A" - TO BE COMPLETED BY APPLICANT

I, hereby consent to the follow-up Medical Certificate at Section "B" being submitted to the National Insurance Board.

NATIONAL INSURANCE NO.

NAME OF EMPLOYER:

I declare that I have not worked as a result of my injury and that the information given is true and correct.

SIGNATURE OR MARK OF APPLICANT

DATE:
Y Y Y Y M M D D

PARTICULARS OF WITNESS TO MARK (WHERE CLAIMANT CANNOT SIGN)

NAME: _____ OCCUPATION: _____

ADDRESS: _____ IDENTIFICATION (Tick Appropriate Box):

PASSPORT DRIVER'S PERMIT ELECTORAL I.D.

NUMBER:

SIGNATURE OF WITNESS TO MARK

DATE:
Y Y Y Y M M D D

SECTION "B" - TO BE COMPLETED BY MEDICAL PRACTITIONER

I hereby certify that Mr/Mrs/Ms **SURNAME OTHER NAMES**

was examined by me on and found the following injuries/industrial disease _____

_____ which is/is not consistent

with an accident sustained at work on . An examination on

shows that he/she is still unfit for work as a result of the injury. I hereby recommend that the patient is fit to resume duties/should be granted a

a further _____ with effect from .
(In Words and Figures) Y Y Y Y M M D D

NAME IN BLOCK LETTERS OR STAMP OF DOCTOR: _____

TELEPHONE NO:

ADDRESS: _____

SIGNATURE OF DOCTOR

DATE:
Y Y Y Y M M D D

NOTE: National Insurance Legislation 980 provides that Employment Injury Benefit may be paid for a maximum of 52 weeks. At the end of the injury leave period the insured person's extent of disability as a result of the accident is assessed to determine eligibility for Disablement Benefit.

