

MEDICAL PANEL PROFORMA – Panel Member

(Medical and other expenses)

WORKER'S DETAILS

Title (Mr/Ms/Miss/Other) Last name

Given name(s)

Date of birth

Claim Number

MEDICAL QUESTIONS

Specify medical questions relevant to expenses claim <input type="text"/>	<input type="text"/>
General comments (if any)	<input type="text"/>
Reasons for decision or reasons if unable to make a decision	<input type="text"/>

MEDICAL PANEL MEMBER DETAILS

Full Name of Panel Member (Print)

Signature Date

OFFICE USE ONLY
Actioned _____ Initials _____ Date _____