

MEDICAL PANEL PROFORMA – Chair of Panel (Member of the family)

FAMILY MEMBER'S DETAILS

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

Given name(s)

Date of birth

DECEASED WORKER'S DETAILS

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

Given name(s)

Date of birth

Claim Number

QUESTIONS

Did the deceased person have an asbestos-related disease or diseases?	<input type="radio"/> YES <input type="radio"/> NO If yes, answer remaining questions
What was the asbestos-related disease or diseases?	<input type="text"/>
Was the contraction of the disease or diseases reasonably attributable to exposure to asbestos at work? Provide explanation.	<input type="text"/>
Was the asbestos-related disease reasonably likely to have been a significant factor contributing to death?	<input type="text"/>
Did the person have an imminently fatal asbestos-related disease.	<input type="radio"/> YES <input type="radio"/> NO
Any other relevant medical question?	<input type="text"/>



General comments (if any)	
Reasons for decision or reason if unable to make decision	

MEDICAL PANEL MEMBER DETAILS

Full Name of Chair (Print)

Signature

Date

Full Names of other Medical Panel Members

<p>OFFICE USE ONLY</p> <p>Actioned _____ Initials _____ Date _____</p>
