

MEDICAL PANEL PROFORMA – Chair of Panel (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 decision	<input type="text"/>

MEDICAL PANEL MEMBER DETAILS

Full Name of Chair (Print)

Signature Date

Full Names of other Medical Panel Members

OFFICE USE ONLY
Actioned _____ Initials _____ Date _____