

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"/> |



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| 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

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