

NATIONAL INSURANCE AND SOCIAL SECURITY ACT CHAPTER 36:01

(In according with the national and Social Security (Medical Certification)
Regulations No. 36 of 1969)

MEDICAL CERTIFICATE – POST CONFINEMENT

I,

A duly qualified registered medical practitioner, hereby certify that

* Miss/Mrs.
(Name)

of
(Address)

was examined by me on

at for the *first/second

time and in my opinion she was at the time of examination suffering from

..... Which has resulted from her
*pregnancy/confinement.

As a result she –

(a) will be fit to resume work *today/tomorrow/on
..... or

(b) Will remain incapable of work for a period of days.

Any other remarks by doctor:

.....

.....

.....

.....

Date

Doctor's Signature

Address:

.....

* Delete where inapplicable

** The date indicated must not be more that seven days (Public Holidays, including Sundays included) after the date of examination.

* The period entered must not exceed 14 days (Public Holidays, including Sundays included) in the case of a first or second certificate or 28 days for a third or subsequent certificate.

FORM Med. 1(a)

Research & Planning Dept.

CLAIM FOR EXTENDED MATERNITY ALLOWANCE

I, the undersigned hereby apply for extended maternity allowance under the National Insurance and Social Security (Amendment) Act, 1986, and furnish a medical certificate at back hereof and the following particulars: -

1. My full name is (in BLOCK LETTERS)
2. My address is
3. My National Insurance Number is
4. My employer is
5. My occupation is/was
6. I last worked there on
7. I was confined on

I declare that the information given above is true and correct to the best of my knowledge and belief.

Date:
Signature or Mark of Claimant

Note: Where the claimant cannot sign her name she should make her mark and have it witnessed by a responsible person (Doctor, Layer, Teacher, Justice of Peace etc.) who should complete the dotted lines below.

Signature of Witness or mark:

Profession or occupation:

Address:

Date: