

Medical Certificate

Zurich Insurance Company Botswana Limited
Registration No. CO/2043 VAT No. 0754501112

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To be furnished at the expense of the injured person

Regarding the injuries sustained by

1. Are you the Insured's usual Medical Attendant?	
2. (a) When did you first see the Insured in respect of this accident?	(a)
(b) Where did you see him/her?	(b)
3. Nature and extent of injuries	
4. Do the injuries seem consistent with the description of the accident given in answer to Question No. 2 by the Insured?	
5. Is the patient now, or was he/she at the time of accident suffering from or affected by any physical infirmity, disease or illness, irrespective of the injuries, or is he/she suffering from or has he/she suffered from any cardiac affection, gout, rheumatism, or fits of any kind? If so, give particulars.	
6. (a) When did you last see the Insured?	(a)
(b) Where did you see him/her?	(b)
(c) Will you be seeing him/her again in respect of his/her present injuries?	(c)
7. Have you previously attended the Insured? If so, state for what purpose, with date or dates?	
8. Are you aware of anything in the previous medical history of the Insured which might have contributed to the accident or which is in any way likely to retard his/her recovery from it?	

(Please see that only the Section (a) (b) (c) or (d) applicable to the case is completed)

9. (a) The Insured was totally disabled from the _____ to the _____ but was able to resume part of his/her duties on that date, and should be able to resume all his/her duties within the next _____ weeks, or

(b) The Insured was and is still totally disabled, but should be able to resume part of his/her duties in about _____ week's time and partial disablement, should then cease in about _____ weeks, or

(c) The Insured has not been totally disabled, but has not been able to attend to all his/her duties. He/she should, however, be able to do so within the next _____ weeks, or

(d) The Insured has not been totally disabled, but was partially disabled from the _____ to the _____

I certify that I have examined the abovementioned person, and I have read the answers given by him/her to the questions on the previous page which appear to be in accordance with the present appearance of the injuries, and that there are no further circumstances except tending to produce either total or partial disablement.

Dated this _____ day of _____ 20____ Signature _____

Qualifications _____

Address _____
