

Name of injured person I.D.....

PART 4. TO BE FILLED IN BY THE MEDICAL DOCTOR EXAMINING INJURED PERSON	
<p>I have examined the injured person and certify that he / she is not able to report back for work today due to an injury specified in Tables A and B below.</p> <p>In my opinion the person will not be able to return back to work for at least more (days / weeks / months).</p>	

TABLE A - Classification of Type of Injury at Work

Medical Doctor is requested to tick [✓] type of injury on the table below:

TYPE OF INJURY	
Injury not known or not specific	
Superficial Wound or Injury	
Superficial Injury	
Open wound	
Other type of superficial wound or injury	
Fracture of Bones	
Closed fractures	
Open fractures	
Other type of bone fractures	
Dislocations, Disjoints and overwork	
Dislocations	
Disjoints and overwork	
Other types of dislocations, disjoints and overwork	
Amputation of body parts	
Concussion and Internal Injury	
Concussion and head injury	
Internal Injury	
Other types of concussion and head injury	
Burns, Scalds and Skin Inflammation due to cold	
Burns and scalds	
Burns due to chemical	
Inflammations of skin due to cold	
Other types of burns, scalds and skin inflammation due to cold	
Poisoning and Infections	
Severe poisoning	
Severe infection	
Other types of poisoning and infections	
Drowning and Shortness of Breath	
Shortness of breath	
Drowning	
Other types of drowning and shortness of breath	
Noise Effects	
Severe hearing loss	
Other noise effects	
External temperature, Light and Radiation Effects	
Heat and Sunstroke	
Radiation Effects	
Low temperature effects	
Other effects due to External Temperature, Light and Radiation	
Shock	
Shock from agression or threatening	
Traumatic Shock	
Other types of shock	
Multiple Injury	
Other specific injuries not listed in this table	

N.B. Please note that this is only part 4 of the Injury on Duty Form, GP 75 (N.I 30). Part 1, 2 and 3 of the form is to be supplied and filled by the employee and employer.

..... continued

TABLE B - Part of body effected due to incident

Medical Doctor is asked to tick [✓] the part of body effected due to incident as per table below.

PART OF BODY EFFECTED DUE TO INCIDENT	
A non specific part of the body	
The Head	
The head, the brain, the nerves of the skull	
The face	
The eyes	
The ears	
The teeth	
Various parts of the head	
Another part of the head not mentioned above	
The Neck and the Backbone	
The neck and the backbone	
Other parts of the neck not mentioned above	
The Back and the Backbone	
The back and the backbone	
Other parts of the back not mentioned above	
It-Torso	
The ribs, the joints, the shoulders	
The chest	
The pelvis, the stomach	
Various parts of the torso	
Other parts of the torso not mentioned above	
Upper part of the body	
The shoulders and the shoulders' joints	
The arm and the elbow	
The hands	
The fingers	
The pulse	
Various parts of the upper part of the body	
Parts of the upper part of the body not mentioned above	
Lower part of the body	
The hips and hips' joints	
The legs and the knee	
The ankle	
The foot	
The toes	
Various parts of the lower part of the body	
Parts of the lower part of the body not mentioned above	
The whole body or various non specific parts	
The whole body	
Various parts of the body	
Other parts of the body not mentioned above	

Data Protection Declaration:
 The Department of Social Security collect is all relevant personal information to provide its services to individuals who qualify for assistance, allowance or non-contributory pensions in accordance with the Social Security Act (Cap 318). The Department may verify the information submitted by you in line with article 133 (b) of the Social Security Act to ensure its accuracy in relation to the claim. Personal data may be disclosed to departments / third parties, who may also have access to your data as authorised by law. Personal information may also be exchanged with benefits institutions of other countries to combat and deter fraud, as provided for in international treaties or bilateral agreements to which Malta is a party. You will be informed in due course of the result of your claim after it has been assessed.
 The Department of Social Security treats your personal information in accordance with the Data Protection Act, (Cap. 440) to protect your privacy. You may request in writing to access information held about you, and eventually to rectify, and where applicable to erase incorrect information, having regard to the claim for which you applied. Such request is to be addressed to: "The Data Controller" at the Department and appropriate action would be taken at the earliest possible time. In making such requests, kindly quote your identity card number, national insurance number, your name and address and other relevant documentation to identify your case.

..... Name of Medical Doctor IN BLOCKS Medical Council Number
..... Signature of Medical Doctor Date