

| Employee's | WCF | No | | |
|------------|-----|----|------|--|

Signature.....

WCC-2B

MEDICAL PRACTITIONER'S REPORT

| | | | | | | | Last Name | |
|--|--|--|--|--|---|--|---|---|
| Medical I | File no | • | | Emplo | oyer's Nar | ne | | |
| | | ERVICES tion (fill a) | | | | | | |
| Date of Adm | | tion (iii aj | | f Discharge | Reason | | | |
| | | | | 6. | | | | |
| ii. Me | dical in | vectiontier | e proce | dures and su | raaries d | ono | | |
| | | | | | | | | |
| b) | Procedu | res | | | | | | |
| | Surgerie | 1 | | | T | | T | |
| Date of surg | gery | Type | | Indication (s) | Anae | esthesia | Surgeon's name | and qualification |
| | | | | | | | | |
| | | 1 | | | l | | I | |
| CURREN | T STA | TE OF EM | 1PLOYE | EE (PATIEN | T) (MAR | K (√) IN | N THE APPROI | PRIATE BOX) |
| | ployee s ered (Resi nanent los | status umed duties | Recovere body par | ed with perman tt/function ble (ii) below) | | Need n | nedical follow up | Death |
| i. Em | ployee s ered (Resi nanent los | status umed duties | Recovere body par | ed with perman | | Need n (Outcom | nedical follow up | |
| i. Em Fully recove without perropart/function ii. For | ered (Resumanent los | status umed duties is of body nent loss of | Recovered body part (Go to ta | ed with perman t/function ble (ii) below) art (s) or fun | ent loss of | Need n (Outcon decided | nedical follow up ne not yet fully) te table below) | Death (Cause of death |
| Fully recover without perropart/function | perman t or fi | status umed duties is of body nent loss of | Recovered body part (Go to ta | ed with perman t/function ble (ii) below) art (s) or fun | ent loss of | Need n (Outcome decided | nedical follow up ne not yet fully | Death |
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Official Stamp