

# **Medical Report**

## **24/02/2016**

## Section A - Details

**Claimant Name:**

**Occupation:**

**D.O.B:**

24-02-2016

**Address:**

**Identification:**

No photo ID.

ID type provided:

**Accompanied by:** Unaccompanied.

**Records:**

Reviewed.

**Instruction Solicitor/Agency:**

**Instruction Ref:**

## Section B

**Accident:**

**Date of Accident:**

24-02-2016

**Immediate Symptoms:**

**Later Symptoms:**

**Immediate Treatment:**

**Future Treatment:**

**Investigations:**

**Present Position Reported by Claimant:**

## Section C

**Employment & Education Position:**

**Consequential Effects:**

## Section D

**History:**

**Examination:**

**Overview:**

**Seatbelt details:**

Seatbelt was worn.

**Further Treatment and Rehabilitation:**

## Section G

**Doctor Name:**

**Doctor Address:**

**Doctor Signature:**

**Date Signed:**

24/02/2016