Employment and Social Development Canada

Emploi et Développement social Canada

THE MERCHANT SEAMEN COMPENSATION ACT

SURGEON'S FINAL REPORT

Name of Injured Seaman _____

Address _____

Name of Employer _____

Address _____ Date of Accident? _____

1. Give date of examination on which this report is based _____ , _____

2. Describe fully any physical impairment resulting from the accident (shortening, deformity, limitation of movement, impairment of function, etc.)

3. If seaman is still incapacitated, what further improvements do you expect?

4. Give synopsis of treatment to date with necessary details

5. State date seaman was able to resume usual work _____ , _____

If still incapacitated, give probable date he will be able to resume work. (An estimate is necessary)

If other Doctor or Hospital, not mentioned in former report, rendered services, please give names and addresses

Name of Hospital, if any used _____ Was operating room used? _____

If X-ray Examination, by Whom? _____ Address _____

If Specialist treatment necessary, give name _____ Address _____

If assistant Physician necessary, give name _____ Address _____

If anaesthetized, by whom? _____ Address _____

Dated this _____ day of _____ , _____ , at _____

Doctor's Name _____ Signature _____

(Please write in block letters) *(Attending Doctor)*

Address _____