



Canada

THE MERCHANT SEAMEN
COMPENSATION ACT
SURGEON'S REPORT OF DEATH

Name of deceased SEAMAN _____

Address _____

Name of Employer _____

Address _____

1. Deceased Seaman's	Age _____ Occupation _____ Sex _____
2. Date of Accident Date of seaman's death	_____ _____
3. Place of Accident Place of his Death	_____ _____
4. State nature, extent and region of injury.	_____ _____
5. Describe seaman's condition on first visit. State briefly subsequent symptoms and course. State any complications and date of development.	_____ _____ _____
6. Did you render first treatment? Date of your first visit Date of your last visit	_____ If not, who did? _____ _____ _____
7. State nature of treatment.	_____ _____
8. State cause of death.	_____ _____
9. Had the deceased any pre-existing condition that contributed to his death? If so, specify.	_____ _____
10. Was a coroner's inquest or post-mortem held? If so, give particulars and name and address of coroner.	_____ _____ _____

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 _____