

# Medical Certificate

For CTP Insurance Claims  
to be completed by a Medical Practitioner

For information on the Qld Compulsory Third Party Scheme phone the CTP Claims Helpline on 1300 302 568

## Injured Person's Information

Injured person's surname/family name

Given names

Date of birth

  

## Medical Information

Date of accident

  

Date of initial examination

  

Are the injuries/conditions consistent with the circumstances of the motor accident described to you?

Yes

No

Medical diagnosis or description of injury

Clinical findings (symptoms, results of any investigations, and details of treatment/rehabilitation to date)

Patient treated at hospital?

Yes

No

If admitted to hospital, was it longer than 24 hours?

Yes

No

Did patient require an ambulance?

Yes

No

Name of hospital

Proposed treatment plan

Treatment likely to be required:  Nil  Short term (< 6 weeks)  Medium term (6-12 weeks)  Long term (> 12 weeks)

Details of treatment plan (including recommendations and advice to patient)

Referred to:

Type

Name of Person

Phone number or contact details

Specialist

Therapy

Other

Describe the patient's fitness for work

Fit to resume normal duties on

Fit for alternative duties on

Unfit for work from

to , ,

Date of next medical review

  

## Medical Practitioner's Information

Name (please print)

Provider number

Practice name and address/hospital name

Telephone number

Professional qualification

I declare that I am a registered medical practitioner and to the best of my knowledge the information provided here is true and correct.

Signature

Date