



Turks and Caicos Islands National Insurance Board

P.O. Box 250
Grand Turk
Turks & Caicos Islands
British West Indies
Tel: (649) 946-1048/9
Fax: (649) 946-1362

Our Ref:
Your Ref:

MEDICAL CERTIFICATE FOR MATERNITY BENEFIT

Name of person examined: _____

Please complete either Part 1 or Part 2.

Part 1: **EXPECTED CONFINEMENT**

I hereby certify that I have examined you and that you are pregnant.

The expected date of confinement is:

Doctor's Name:

Doctor's Signature:

Doctor's Address:

Telephone No.:

Date:

Part 2: **CONFIRMATION OF CONFINEMENT**

I hereby certify that I attended you in connection with your confinement which took place on:

Doctor's Name:

Doctor's Signature:

Doctor's Address:

Telephone No.:

Date:

*To be completed by medical practitioner or registered midwife.