



Turks & Caicos Islands National Insurance Board

Head Office

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

Providenciales

P.O Box 283
Providenciales
Turks & Caicos Islands
Tel: (649) 941-5809/5906
Fax: (649) 941-5854

South Caicos Office

General Delivery
South Caicos
Turks & Caicos Islands
Tel: (649) 946-3280
Fax: (649) 946-3664

North Caicos Office

General Delivery
North Caicos
Turks & Caicos Islands
Tel: (649) 946-7200
Fax: (649) 946-7200

MEDICAL CERTIFICATE

I hereby certify that I examined _____
(Name of person examined)

On the _____ day of _____ 20_____.

In my opinion that as a result of this illness: (SEE NOTE BELOW) _____

- He/She will remain incapable of work for a period _____ days commencing on _____
- He/She will be fit to resume work on: _____

Doctor's Name: _____

Doctor's Signature: _____

Doctor's Address: _____

Telephone No.: _____

Date: _____

The number of days on the first certificate must not exceed 15 days and the second or subsequent certificates must not exceed 30 days (including Sundays and Holidays).

NOTE: *In accordance with the Benefit Regulations and in an effort to save time when processing claims the attending physician must state the nature of illness rather than "medical condition".*

PATIENT

I _____ hereby authorize Dr. _____ to
Release the relevant information with regard to my medical condition to the National Insurance Board,
which must be held in strict confidence.