



For Official Use Only

MEDICAL CERTIFICATE OF INCAPACITY FOR WORK

Section A: To be completed by a Registered Medical Practitioner

1. In Confidence to: Mr. / Mrs. / Ms.

Last Name

First Name

Middle name(s)

2. I certify that I examined you on _____ and that in my opinion, you were incapable of working at the time of the examination. *dd/mm/yyyy*

3. Diagnosis/Operation:

ICD-9/10 Code	Description of Diagnosis/Operation

4. You will remain incapable of work from _____ to _____.
dd/mm/yyyy *dd/mm/yyyy*

(Note: The period entered must NOT exceed 13 weeks)

5. Doctor: _____
Name (printed) *Signature*

Affix Doctor's
Stamp here

Date: _____
dd/mm/yyyy

Note: Claims from Registered Medical Practitioners outside The Bahamas MUST be accompanied by a business card.

Section C: Details of Industrial Disease or Accident (To be completed by the Claimant)

Note: This section must be completed if you claim that your incapacity is due to an injury received or a disease contracted while working for an employer/company or due to the nature of your employment. This form **MUST** be accompanied by a completed **Employer's Report on Accident at Work** (Form B.44). **This claim for industrial benefit WILL NOT be processed until the Form B.44 is received.**

Industrial Accident

29. Where did the accident happen? _____

30. When did the accident happen? Date: _____ Time: _____ a.m. p.m.
dd/mm/yyyy

31. State briefly how the accident happened? _____

32. What injury did you sustain as a result of the accident? _____

Employed Persons

33. Did you report the accident to your employer? Yes No

34. If 'Yes', when? Date: _____ Time: _____ a.m. p.m.
dd/mm/yyyy

Self-Employed Persons

35. Did you report the accident to the National Insurance Board? Yes No

36. If 'Yes', when? Date: _____ Time: _____ a.m. p.m.
dd/mm/yyyy

Industrial Disease

37. What is the nature of your work which has caused the disease? _____



Section D: Payments Details

Recipients of Short-Term Benefits (with the exception of persons who live on Bahamian islands where there are no banks) are required to have their benefit payments sent to the bank of their choice (in The Bahamas). Persons who live on islands where there are no banks, may continue to collect payments from their nearest NIB local office. *Please select where you want your payment(s) sent:*

38. **Bank:** _____ **Branch:** _____
Account No: _____ **Account Type:** Joint Personal

A copy of the relevant banking information showing the branch and account number must be submitted with this form.

If account is jointly held, please complete below.

Name of Co-signer: _____ **Tel:** _____

Declaration: I hereby acknowledge that entitlement to Benefit/Assistance ceases upon the death of the above-named claimant. Therefore, any amount deposited to our account for any period after his/her death remains the property of The National Insurance Board, and must be returned immediately. The National Insurance Board reserves the right to recover said funds to which the claimant was not entitled.

Signature: _____ **Date:** _____

dd/mm/yyyy

Cheque payment: **Local Office:** _____ **Island:** _____

Section E: Claimant's Declaration (To be completed by the Claimant)

I declare that:

39. My last day at work was _____
dd/mm/yyyy

40. I am incapable of work and have done no paid work since the date shown at question 39.

41. The information given by me on this form is true and correct to the best of my knowledge and belief.

Agree to Certification

42. I claim Benefit/Assistance under the National Insurance Act, 1972.

43. Claimant's Signature: _____

OR, if unable to sign,
Agent/Representative's

Name (printed)

Signature

Date: _____

dd/mm/yyyy

**Note: For further information about the Sickness or Industrial Benefit, please ask for the Sickness Benefit/ Invalidation Benefit leaflets at your nearest Local Office or visit www.nib-bahamas.com.
Call Centre Tel. 225-5642.**

IMPORTANT NOTE: Any person who for the purpose of obtaining benefit under The National Insurance Act, for himself or for some other person, knowingly makes any false statement or false representations or produces any document, etc. which he knows to be false, shall be liable to a fine not exceeding Two Thousand Five Hundred Dollars (\$2,500), or to imprisonment for a period not exceeding twelve (12) months or both.

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