

Medical report form (EPL3)

Low value personal injury claims in employers' liability and public liability (£1,000 to £25,000)

Section A — Claimant's details

Claimant's full name

Date of birth

/ /

Address

Occupation

Postcode

1.1 Were medical records provided?

Yes No

If Yes, which records were seen?

1.2 Has photo ID been confirmed?

Yes No

If Yes, what type of photo ID was checked

If No, what other ID was provided

1.3 Age of the claimant at time of accident/period(s) of exposure?

1.4 Date of examination

/ /

1.5 Date of report

/ /

1.6 Name of instructing solicitors/agency

Section B

History

Please give a brief description of the accident/ exposure, immediate symptoms and treatment. Include a history of treatment, specifying whether the claimant was treated as an in-patient or outpatient where applicable. Detail any improvement or deterioration of symptoms including dates. In the case of injuries/symptoms fully recovered, please specify the date by which there was a full recovery. Whether the claimant has ever experienced symptoms in the injured area prior to the accident and if so give full details including type of injury and date it occurred.

Present position reported by claimant

Please detail all ongoing symptoms reported at examination

Section C

Employment position/Education

Please give details of the claimant's employment/education at the time of the accident/exposure. Include the dates of any absences, part-time work or light duties undertaken and the nature of any light duties. Set out the claimant's current situation at work/educational establishment including any practical difficulties, symptoms and/or restrictions.

Consequential effects

Please state the impact on other activities such as hobbies, recreations, housework, gardening, travelling, holidays, shopping, sex life. Give details as to the claimant's general state of mind.

Section D

Past medical history

Please refer to any relevant history based on examination or records as appropriate. Post accident/exposure records should be considered where appropriate. Where records have been considered please confirm which records are relevant to the claim.

On examination

Please state your findings on examination including the details of any restrictions arising from the accident/exposure.

Section D - continued

Diagnosis opinion and prognosis

Please state your overall opinion of the claimant's position to date dealing with causation and including a prognosis if possible. Set out all reported symptoms and restrictions identified under the claimant's present position. Refer to the claimant's employment/ education position and any impact to the claimant's home life. Please detail whether you consider that the claimant has/will make a recovery and to what extent and when this will be reached. Identify if the claimant has any further needs, including but not limited to :

- if further treatment is necessary;
- if time is needed to make a final prognosis;
- if a report is needed from a medical expert of a different discipline; or
- if a follow up report is needed.

Section E

Future treatment and rehabilitation

Please give details of any further treatment and/or rehabilitation that the claimant will require.

Section F

Statement of truth

Civil Procedure Rule 35.3 states that it is the duty of experts to help the court on matters within their expertise. This duty overrides any obligation from whom experts have received instructions or by whom they are paid.

I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

Signature

Date

□	□	/	□	□	/	□	□	□	□
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