

PERAKUAN PERUBATAN
Medical Certificate

(Buruh 90/Lab. 90)
(Pin.1/97)

AKTA PAMPASAN PEKERJA, 1952
Workmen's Compensation Act, 1952

Nama Pekerja: Jantina:
Name of Employee: Sex:
Pekerjaan: K/P No./No. Pasport:
Occupation: I/C No./Passport No:
No. Permit Kerja: Kewarganegaraan:
Work Permit No: Nationality:
Nama Majikan:
Name of Employer:

Saya, Pegawai/Pengamal Perubatan yang bertandatangan di bawah ini mendapat tahu bahawa pihak menuntut di atas ada membuat suatu tuntutan pampasan di bawah Akta Pampasan Pekerja dan setelah memeriksa pihak menuntut tersebut, saya dengan ini memperakui bahawa:
I, the undersigned Medical Officer/Practitioner, understand that the above claimant is making a claim for compensation under the Workmen's Compensation Act, and having examined the said claimant, I hereby certify that:

1. sepanjang yang saya percayai pihak menuntut itu berumur _____ tahun.
to the best of my belief the claimant is _____ years of age.
2. pihak menuntut itu mengidap penyakit atau hilangupaya seperti berikut:-
the claimant is suffering from the following disease or disability:-
.....
3. pada pendapat saya pihak menuntut itu telah menanggung had hilangupaya yang disebabkan oleh kemalangan dalam pekerjaan itu:-
in my opinion the claimant has sustained the following degree of disablement as a result of an occupational accident:-
 - *(i) Hilangupaya kekal sementara yang dianggarkan akan ditanggung dari hingga
Temporary total disablement which is estimated to last from to
 - *(ii) Hilangupaya separa bagi sementara yang dianggarkan akan ditanggung dari hingga dan dalam tempoh itu kerja ringan adalah disyorkan, jika ada.
Temporary partial disablement which is estimated to last from to and during which period light duty if available, is recommended.
 - *(iii) Tiada apa-apa hilangupaya kekal.
No permanent disablement.
 - *(iv) Hilangupaya langsung yang kekal disebabkan oleh
Permanent total disablement caused by
.....
.....
.....
 - *(v) Hilangupaya separa yang kekal sebagaimana yang disenaraikan dalam Jadual Pertama Akta itu.
Permanent partial disablement as listed in the First Schedule of the Act.
.....
 - *(vi) Hilangupaya separa yang kekal berjenis kelemahan anggota yang diperihalkan di bawah ini:
Permanent partial disablement in the form of physical impairment described hereunder:
.....
.....

Tarikh (Date): Tandatangan (Signature):

Nama dan Kelayakan (Name and Qualification):

First Schedule (Section 3 and 8)

List of injuries deemed to result in permanent total/partial Disablement.

Serial No.	Description of Injury	Percentage of loss of earning capacity	Loss of:-		
A - Fingers of right or left hand					
1.	Loss of both hands or amputation at higher sites	100			
2.	Loss of a hand and a foot	100			
3.	Double amputation through leg or thigh, or amputation through leg or thigh on one side and loss of other foot	100	<i>Index finger</i>		
4.	Loss of sight to such an extent as to render the claimant unable to perform any work for which eye-sight is essential	100	<i>Serial No.</i>	<i>Description of Injury</i>	<i>Percentage of loss of earning capacity</i>
5.	Very severe facial disfigurement	100	28.	Whole	14
6.	Absolute deafness	100	29.	Two phalanges	11
7.	Total paralysis	100	30.	One phalanx	9
8.	Injuries resulting in being permanently bedridden	100	31.	Guillotine amputation of tip without loss of bone	5
9.	Any other injury causing permanent total incapacity	100			
<i>Amputation-upper limbs (either arm) cases</i>					
<i>Middle finger</i>					
1.	Amputation through shoulder joint	90	32.	Whole	12
2.	Amputation below shoulder with stump less than 8" from tip of acromion	80	33.	Two phalanges	9
3.	Amputation below 8" from tip of acromion to less than 4 1/2" below tip of olecranon	70	34.	One phalanx	7
4.	Loss of a hand or of the thumb and four fingers of one hand or amputation from 4 1/2" below tip of olecranon	60	35.	Guillotine amputation of tip without loss of bone	4
<i>Ring or little finger</i>					
5.	Loss of thumb	30	36.	Whole	7
6.	Loss of thumb and its metacarpal bone	40	37.	Two phalanges	6
7.	Loss of four fingers of one hand	50	38.	One phalanx	5
8.	Loss of three fingers of one hand	30	39.	Guillotine amputation of tip without loss of bone	2
9.	Loss of two fingers of one hand	20			
10.	Loss of terminal phalanx of thumb	20	B - Toes of right or left foot		
<i>Great toe</i>					
<i>Amputation-lower Limbs Cases</i>					
11.	Amputation of both feet resulting in end-bearing stumps	90	40.	Through metatarso-phalangeal joint	14
12.	Amputation through both feet proximal to the metatarso-phalangeal joint	80	41.	Part, with some loss of bone	3
<i>Any other toe</i>					
13.	Loss of all toes of both feet through the metatarso-phalangeal joint	40	42.	Through metatarso-phalangeal joint	3
14.	Loss of all toes of both feet proximal to the proximal inter-phalangeal joint	30	43.	Part, with some loss of bone	1
<i>Two toes of one foot, excluding great toe</i>					
15.	Loss of all toes of both feet distal to the proximal inter-phalangeal joint	20	44.	Through metatarso-phalangeal joint	5
16.	Amputation at hip	90	45.	Part, with some loss of bone	2
<i>Three toes of one foot, excluding great toe</i>					
17.	Amputation below hip with stump not exceeding 5" in length measured from tip of great treacherer	80			
18.	Amputation below hip with stump exceeding 5" in length measured from tip of great treacherer but not beyond middle thigh	70	46.	Through metatarso-phalangeal joint	6
19.	Amputation below middle thigh to 3 1/2" below knee	60	47.	Part, with some loss of bone	3
<i>Four toes of one foot, excluding great toe</i>					
20.	Amputation below knee with stump exceeding 3 1/2" but not exceeding 5"	50			
21.	Amputation below knee with stump exceeding 5"	40	48.	Through metatarso-phalangeal joint	9
22.	Amputation of one foot resulting in end-bearing	30	49.	Part, with some loss of bone	3
23.	Amputation through one foot proximal to the metatarso-phalangeal joint	30			
24.	Loss of all toes of one foot through the metatarso-phalangeal joint	20			
Other Injuries					
25.	Loss of one eye, without complications, the other being normal	40	(NOTE - Complete and permanent loss of the use of any limb or member referred to in this Schedule shall be deemed to be the equivalent of the loss of that limb or member.)		
26.	Loss of vision of one eye without complications or disfigurement of eye-ball, the other being normal	30			
27.	Permanent total loss of hearing in one ear	20			