

# HERNIA CLAIM STATEMENT



Please print clearly.

Claim Number:

Surname:	First name:	Date of birth:
Address:		Postcode:
Name of Employer:		
Address of Employer:		Postcode:
Date employment commenced:		Date ceased work:

1. Have you consulted a doctor in respect of this condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give date:
2. Doctor Name:	Address:
3. What caused you to consult the doctor?	
4. Date you were first aware you had a hernia:	
5. In which groin was the hernia? Left <input type="checkbox"/> Right <input type="checkbox"/>	
6. Were you aware of a lump or swelling in the groin before consulting the doctor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. If yes give date you first discovered it?	
8. What drew your attention to it?	
9. How big was the lump when you first discovered it? Was it tender to touch? Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Has the lump been present from the time of discovery or does it go away and reappear at times?	
11. To what do you attribute this hernial condition? Please give details:	
12. Time of occurrence:	Date of occurrence:
13. Immediately after this incident, were there any symptoms? Yes <input type="checkbox"/> No <input type="checkbox"/>	
14. If yes, please list symptoms:	
15. Were you able to work after the incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
16. Did anyone witness this incident? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give history:	
Name:	Address:
17. Have you had a previous hernia? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give history:	
18. Date you first mentioned condition to your employer?	
19. If not immediately, please give reason why:	
20. Did you mention it to any fellow employees following the incident? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details below:	
Name:	Address:
21. Date you were last medically examined prior to consulting this doctor about your hernia?	
22. Name of the doctor on that occasion:	Phone: ( )
Address:	Postcode:
23. Why did you consult the doctor on that occasion?	

Signature:	Witness:	Date:
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