
G U E R N S E Y S T A T U T O R Y I N S T R U M E N T

1989 - No. ~~2~~ 3

The Social Insurance (Benefits) (Miscellaneous Provisions) (Amendment) (Guernsey) Regulations, 1989

Made 17th January, 1989

Laid before the States

Coming into operation 17th January, 1989

THE STATES INSURANCE AUTHORITY, in exercise of the powers conferred upon it by section 90 of the Social Insurance (Guernsey) Law, 1978, as amended^(a), hereby orders:-

Amendment of Part I and Part II of the Fourth Schedule to the principal Regulations

1. Part I and Part II of the Fourth Schedule to the Social Insurance (Benefits) (Miscellaneous Provisions) (Guernsey) Regulations, 1978, as amended^(b), are hereby repealed and the Parts set out in the Schedule to these Regulations are hereby substituted therefor.

Extent

2. These Regulations shall have effect in the Islands of Guernsey, Alderney, Herm and Jethou.

Citation

3. These Regulations may be cited as the Social Insurance (Benefits) (Miscellaneous Provisions) (Amendment) (Guernsey) Regulations, 1989.

Collective Title

4. These Regulations and the Social Insurance (Benefits) (Miscellaneous Provisions) (Guernsey) Regulations, 1978 to 1985, may be cited together as the Social Insurance (Benefits) (Miscellaneous Provisions) (Guernsey) Regulations, 1978 to 1989.

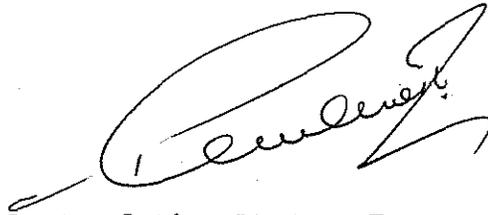
(a) Ordres on Conseil Vol.XXVI, p.292; Vol.XXVII, pp.238, 307 and 392; No.IV of 1985; No.III of 1986 and No.XXXI of 1986.

(b) S.I. 1978 No.21; S.I. 1980 No.26 and S.I.1985 No.15.

Commencement

5. These Regulations shall come into force on the 17th day of January, 1989.

Dated this 17th day of January, 1989.



President of the States Insurance Authority
for and on behalf of the Authority

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PART I
Medical Certificate

Mr./Mrs./Miss

I certify that I examined you onand that in my opinion-

(a) you were then incapable of work by reason of

*†

(b) you will remain INCAPABLE of work for

(c) you will be FIT to resume work on

Remarks by Medical Practitioner	
	* If a prescribed injury or disease quote the reference number.
	† Diagnosis must be inserted on first certificate and on subsequent certificates if there is any alteration.
..... Date of signing Medical Practitioner

PART II

Medical Certificate

Mr./Mrs./Miss

Address

.....

Date of birth

1. I certify that I examined the above-named person on
..... who, in my opinion, was suffering
from *

2. The patient alleges that the injury by accident was
sustained on :- AT WORK
NOT AT WORK

.....
Date of signing

.....
Medical Practitioner

Remarks by Medical Practitioner

* If a prescribed injury or disease,
quote the reference number.

EXPLANATORY NOTE

(This Note is not part of the Regulations, but is intended to indicate their general purport.)

These Regulations repeal and substitute Parts I and II of the Fourth Schedule so as to provide revised forms of medical certificates.