

Island of  Guernsey

Ordinance of the States **XXXIII**

1964

Made .. .. 16th December, 1964.

Coming into Operation .. 4th January, 1965.

**The Social Insurance  
(Medical Certification) (Guernsey)  
Ordinance, 1964**

THE STATES, in exercise of the powers conferred upon them by subsection (6) of section forty-eight of the Social Insurance (Guernsey) Law, 1964, and of all other powers thereunto them enabling, hereby order:—

1. (1) In this Ordinance, except where the context otherwise requires, the following expressions shall have the meanings hereby respectively assigned to them, that is to say:—

Interpreta-  
tion.

“claimant” means the person in respect of whom a certificate is given in accordance with the provisions of this Ordinance;

“incapacity” means incapacity by reason of which a person is rendered incapable of work;

“midwife” means a person who is for the time being registered as a midwife under the provisions of the Midwives Ordinance, 1950;

and any other expressions have the same meanings as in the Social Insurance (Guernsey) Law, 1964.

(2) In this Ordinance a form referred to by letter means the form designated by that letter in Part I of the Schedule to this Ordinance.

(3) Except where the context otherwise requires, any reference in this Ordinance to any enactment or regulations shall be construed as including a reference to that enactment or those regulations, as the case may be, as amended, repealed, replaced or revoked by or under any other enactment or by any other regulations.

(4) The Interpretation (Guernsey) Law, 1948, shall apply to the interpretation of this Ordinance throughout the Islands of Guernsey, Alderney, Herm and Jethou.

Evidence of  
incapacity.

2. (1) A person who claims sickness benefit, other than a woman who claims sickness benefit by reason of her confinement, shall furnish evidence of incapacity in respect of the day or days for which the claim is made by means of a certificate given by a medical practitioner in accordance with the following provisions of this section in the form appropriate to the circumstances of the case as set out in Part I of the Schedule to this Ordinance or by such other means as the Administrator or tribunal, as the case may be, may accept as sufficient in the circumstances of the case.

(2) Every such certificate shall be completed in writing in ink or other indelible substance and shall bear, immediately above the words "Medical Practitioner", the signature of the certifying medical practitioner.

(3) The statement of the incapacitating disease or disablement in such certificate shall specify the cause of incapacity as precisely as the medical

practitioner's knowledge of the claimant's condition at the time of the examination permits:

Provided that, if in the medical practitioner's opinion the disclosure to the claimant of the precise cause would be prejudicial to his well-being, the certificate may contain a less precise statement.

(4) Every such certificate must have been given on a date not more than two days later than the date of the examination upon which it is based and no further such certificate based on the same examination shall be furnished other than a certificate to replace an original certificate which has been lost or mislaid, but in that case the form shall be clearly marked "duplicate".

(5) Where the claim is the first claim for sickness benefit made by the claimant after he has become or again become incapable of work, such certificate shall be in Form X.

(6) Where the claim is in respect of a day or days of incapacity immediately following the expiration of the period in respect of which a certificate in Form X has been given, the claimant shall submit himself for examination by a medical practitioner within the forty-eight hours next following the expiration of the period of incapacity specified in the said certificate and if the medical practitioner is then of the opinion that the claimant is still incapable of work, he shall complete, and on behalf of the claimant, send or deliver to the Authority a certificate in Form Y.

(7) Where the claim is in respect of a day or days of incapacity immediately following the expiration of the period in respect of which a certificate in Form Y has been given, the claimant shall submit himself for examination by a medical practitioner within the forty-eight hours next following the expiration of the period of incapacity specified in the said

certificate and if the medical practitioner is then of the opinion that the claimant is still incapable of work, he shall complete, and on behalf of the claimant, send or deliver to the Authority a further certificate in Form Y.

(8) Every claimant shall, before resuming work, submit himself for examination by a medical practitioner and if the medical practitioner is of the opinion that the claimant is or will become fit to resume work on the day on which he is examined or at any time within the three days next following that day, the medical practitioner shall complete, and on behalf of the claimant, send or deliver to the Authority a certificate in Form Z.

Evidence of  
confinement.

3. (1) Every woman to whom paragraph (2) of regulation three of the Social Insurance (Unemployment and Sickness Benefit) (Guernsey) Regulations, 1964, relates and who claims sickness benefit in pursuance of the provisions of the said paragraph, shall furnish evidence of her confinement by means of a certificate given by a medical practitioner or midwife in the form set out in Part II of the Schedule to this Ordinance.

(2) Every such certificate shall be completed in writing in ink or other indelible substance and shall bear, immediately above the words "Medical Practitioner/Midwife", the signature of the certifying medical practitioner or midwife, as the case may be.

Citation,  
extent and  
commence-  
ment.

4. (1) This Ordinance may be cited as the Social Insurance (Medical Certification) (Guernsey) Ordinance, 1964.

(2) This Ordinance shall have effect in the Islands of Guernsey, Alderney, Herm and Jethou.

(3) This Ordinance shall come into force on the fourth day of January, nineteen hundred and sixty-five.

SCHEDULE

Section 2

Section 3

PART I

*Certificates of incapacity*

FORM X

*The Social Insurance (Guernsey) Law, 1964  
Medical Certificate of first attendance*

To Mr./Mrs./Miss \* .....

- 1. I certify that I examined you on (date) .....  
and that in my opinion you were then not \*  
incapable of work by reason of .....  
and that you will remain so incapable for .....  
from today.\*

*To be completed in Accident cases only*

- 2. It is alleged that the injury by accident was sus-  
tained on ..... (date) at work \*.  
I attended the patient at ..... (time).

*Note.* If the injury does not render the patient  
incapable of work please give his name in full  
and also his address:—

.....  
.....  
.....

Date .....

Medical Practitioner.

\* Delete as appropriate.

*Remarks by Medical Practitioner*

FORM Y

*The Social Insurance (Guernsey) Law, 1964  
Intermediate Medical Certificate*

To Mr./Mrs./Miss \* .....

I certify that I examined you on the date given below and that in my opinion you will be incapable of work for a further period of .....  
(Diagnosis if any alteration or addition to that specified in the previous certificate .....  
.....)

Date .....

Medical Practitioner.

\* Delete as appropriate.

FORM Z

*The Social Insurance (Guernsey) Law, 1964  
Final Medical Certificate*

To Mr./Mrs./Miss \* .....

I certify that I examined you on the date given below and that in my opinion you will be fit to resume work on .....

Date .....

Medical Practitioner.

\* Delete as appropriate.

PART II

*Certificate of confinement*

*The Social Insurance (Guernsey) Law, 1964*

*Certificate of confinement*

I certify that I attended .....  
in connection with her confinement which took place  
at ..... (address)  
and that she was there delivered of a child(ren) on  
the ..... day of ..... 19.....

.....  
Medical Practitioner/Midwife

(If Midwife, add Registered Number or  
Address and Date of Qualification .....  
.....  
.....)

R. H. VIDELO,  
Her Majesty's Greffier.