



# EXAMINATION DECLARATION

EXAMINATION DATE

		/			/				
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EXAMINATION LOCATION


SUBURB

STATE


NARRATIVE HISTORY, FINDINGS ON EXAMINATION AND ANY RELEVANT REPORTS AND DIAGNOSTIC STUDIES

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REASONS JUSTIFYING THE FINDING THAT THE MEMBER OR MEDICALLY RETIRED MEMBER'S STABILISED TO THE EXTENT REQUIRED TO EVALUATE THE DEGREE OF PERMANENT IMPAIRMENT

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**APPROVED MEDICAL SPECIALIST**

SURNAME

--

GIVEN NAME

--

ADDRESS


SUBURB

STATE


CONTACT NUMBER

--

EMAIL ADDRESS

--

SIGNATURE

--

DATE

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**Note: Copies of this certificate is to be forwarded to both the member or medically retired member and the Western Australia Police Force.**