

## Employment and Support Allowance Medical report form

Surname		Mr/Mrs/Miss/Ms	
Ott	her names		
National Insurance Number			
Date of birth		<i>I I</i>	
	I am unable to advise on the evidence held. The case will need to be referred for an assessment.		
	I advise that the person meets the criteria for having limited capability for work.		
_ _ _	In my opinion, the client falls in to the support group category of		
_	I advise that the person m limited capability for work	eets the criteria for being treated as having	
	From the evidence available, it does not appear that this person is suffering from a progressive disease likely to limit life expectancy to less than 6 months.		
	From the evidence available, it does not appear that this person meets the criteria for limited capability for work related activities		
	I advise that work could be considered within  3 months 6 months 12 months 18 months		
	I advise that work is unl	_	
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## Employment and Support Allowance Medical report form

Surname	Mr/Mrs/Miss/Ms		
Other names			
National Insurance Number			
Date of birth	/ /		
Justification of any advice given above			
Advice regarding Limited Capability for Work			
Advice regarding Limited (	Capability for Work Related Activity		
This form has been completed by a healthcare professional approved by the Secretary of State for Work and Pensions.			
I have completed this form in accordance with the current guidance to ESA examining healthcare professionals as issued by the Department for Work and Pensions.			
Signature			
Name in Capital Letters			
Date	/ / Approved Disability Analyst		
Registered Medical Practitioner Registered Nurse			
Registered Occupational Therapist Registered Physiotherapist			