



INDEPENDENT MEDICAL EXAMINATION REPORT TEMPLATE

1. WORKER DETAILS

Name

Claim number

Employer

Date of birth

Date of injury

Date and place of examination

Unusual circumstances

Interpreter provided

☐ Yes ☐ No

2. OTHER ATTENDEES

List any other attendees of the examination (including family members, friends)
Attach separate page(s) if insufficient space.

3. SERVICE STANDARDS

Explain to the worker at the commencement of the examination:

- > the purpose of the examination
- > your role as an IME
- > your specialisation and its relevance to the examination
- > how the worker will be examined

☐
☐
☐
☐

Did you answer all of the worker's questions?

☐ Yes ☐ No

4. SUMMARY OF REASON FOR REFERRAL

Attach separate page(s) if insufficient space.

Sample Independent Medical Exam Report

KJ Lindholm-Leary



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