

**MINISTRY OF HEALTH**

Health Planning and Information Division  
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**CONSENT FOR MEDICAL REPORT**

This is to certify that I, Mr./Mrs./Miss/ .....  
of..... Date of Birth .....  
NIN ..... authorizes the Ministry of Health  
to release a detailed medical report with respect to the item below.

Injury sustained on.....

Road traffic accident.....

My medical problem.....

I was admitted on.....

I attended.....

I was treated by Doctor.....

The report is for: My Lawyer / Insurance Company / Seychelles Police /  
Overseas investigation / Personal Information

.....  
Signature/Fingerprint ..... Date .....

Hospital File No: .....

Daytime telephone No: .....

**PLEASE NOTE THAT A SUM OF SR.200- IS APPLICABLE FOR EACH  
MEDICAL REPORT  
ALL PAYMENTS SHOULD BE MADE BEFORE PROCESSING THE MEDICAL  
REPORT**