

Certified Examiner Prescribed Form for Providing an Opinion (Form MI-3)

Use this prescribed form for motor vehicle accidents that occur on or after October 1, 2004. This form is prescribed in accordance with Section 11(1) of the *Minor Injury Regulation* and Section 803 of the *Insurance Act*.

Important Notice:

- This prescribed form is to be used when the Certified Examiner provides an opinion as to whether the claimant's injury is or is not a minor injury, as described in the *Minor Injury Regulation* and the *Insurance Act*. The Certified Examiner is to provide a copy of their opinion to both the claimant and the defendant that shall include the information, listed in this prescribed form.
- This prescribed form should be considered a general format for the Certified Examiner to use when providing their opinion under the *Minor Injury Regulation* and may be altered as required by the practitioner when considering individual claimants.
- It is recommended that the Certified Examiner review the College of Physicians and Surgeons guideline "Medical Examinations by Non-Treating Physicians (NTMEs)" of June 2000 prior to the completion of their report.
- If you have any questions you can contact the Office of the Superintendent of Insurance by phone (780) 427-8322, by fax (780) 420-0752 or by e-mail: insurance@gov.ab.ca. A copy of the *Minor Injury Regulation*, *Insurance Act*, prescribed forms and the Certified Examiner registry is available at <http://www.finance.gov.ab.ca/publications/insurance/>.

Information required to be included with the opinion of the Certified Examiner for the purposes of the *Minor Injury Regulation*:

1. Name and address of claimant.
2. Name and address of insurance company.
3. Date of assessment.
4. Name of party requesting the opinion.
5. Date of motor vehicle accident related to the injury.
6. Statement of the purpose for the examination and relevant issues, including a statement that the claimant's consent was obtained for the examination, to accessing relevant medical information and other records, and to disclosure of the results of the examination to the insurance company and claimant/claimant's representative.

7. List of information reviewed including information from the primary health care practitioner(s), Regional Health Authorities, informed parties and, if applicable, the injury management consultant or other specialists.
8. Relative history of injury, including;
 - Working diagnosis
 - Mechanism of injury
 - Treatment to date and response to the treatment
 - Current symptoms
 - How physical and cognitive functions have been affected by the injury
9. Relevant Medical history, including: physical, psychological, emotional, and social history.
10. Relevant Occupational/employment history
11. Normal activities of daily living; basic, functional and current status
12. Details of Examination, including;
 - General examination as appropriate
 - Regional examination as appropriate
 - Musculoskeletal and neurological examination as appropriate
 - Cognitive examination as appropriate
 - Functional limitations as appropriate
13. Reference to the *Minor Injury Regulation*
14. Conclusions and determinations, including, but not limited to:
 - Diagnosis,
 - Whether the claimant was treated within the Diagnostic and Treatment Protocols
 - Determination of “Serious Impairment”, or not,
 - Determination of “Minor Injury”, or not
15. Name and Address of the Certified Examiner
16. Signature of the Certified Examiner and date of signature