

Northern Ireland, be admissible in evidence in the course of any proceedings for enforcing the claim, whether in any court or before any person having by law or by consent of parties authority to receive evidence.

- (d) In the case of any such deposition authenticated by the signature of such judge, magistrate or consular officer as aforesaid, it shall not be necessary to prove the signature or official character of the person appearing to have signed the deposition.
- (e) Where any deposition is received by the Ministry of Labour for Northern Ireland as aforesaid a copy of any such deposition shall also be so admissible in evidence if it purports to be signed and certified as a true copy by the Secretary or an Assistant Secretary of the Ministry of Labour for Northern Ireland.

3. This Order shall not apply in any case where the accident happened before the date when the Order comes into force.

4. This Order may be cited as the Workmen's Compensation (Aircraft) Order (Northern Ireland), 1935, and shall come into force on such date as the Ministry of Labour for Northern Ireland may hereafter fix by notice published in the Belfast Gazette, not being earlier than the date of the expiry of the period during which this Order is, by the said Section 36, required to be laid before each House of Parliament.

Given under the Seal of the Ministry of Labour for Northern Ireland this 4th day of July, 1935.

(L.S.)

R. R. Bowman,
Assistant Secretary, Ministry of
Labour for Northern Ireland.

Stormont,
4th July, 1935.

Certifying Surgeons.

THE WORKMEN'S COMPENSATION (CERTIFYING SURGEONS) RULES (NORTHERN IRELAND), 1935, DATED MARCH 13TH, 1935, MADE BY THE MINISTRY OF LABOUR FOR NORTHERN IRELAND REGULATING THE DUTIES AND FEES OF CERTIFYING AND OTHER SURGEONS UNDER THE PROVISIONS OF SECTIONS 44 AND 45 OF THE WORKMEN'S COMPENSATION ACT (NORTHERN IRELAND), 1927 (17 AND 18 GEO. 5, CH. 16).

1935. No. 42.

In pursuance of the powers conferred by Section 45, sub-section (4) of the Workmen's Compensation Act (Northern Ireland), 1927, the Ministry of Labour for Northern Ireland hereby makes the following rules:—

1. These rules, which may be cited as "The Workmen's Compensation (Certifying Surgeons) Rules (Northern Ireland), 1935," shall come into force on the 1st day of July, 1935.

2. In these rules—

- (i) "The Act" means the Workmen's Compensation Act (Northern Ireland), 1927.
- (ii) "Workman" has the same meaning as in the Act.
- (iii) "Certifying Surgeon" means either the certifying surgeon mentioned in sub-section (1) (i) of Section 44 of the Act, or a medical practitioner appointed by the Ministry of Labour under sub-section (3) of Section 45 to have the powers and duties of a certifying surgeon under the said sections.
- (iv) "Appointed Surgeon" means a surgeon having power, in pursuance of any special rules or regulations made under the Factory and Workshop Act, 1901, (a) to suspend a workman from employment in the process or processes specified in such rules or regulations.
- (v) The words "disease to which the Act applies" means a disease mentioned in the Third Schedule to the Act or a disease or injury (not being an injury by accident) to which the provisions of Section 44 of the Act have been extended by an order made by the Ministry of Labour under sub-section (3) of that Section.

3. Where a workman applies to the certifying surgeon for a certificate (hereinafter called "a certificate of disablement") that he is suffering from a disease to which the Act applies, and is thereby disabled from earning full wages at the work at which he was employed, the certifying surgeon, on payment of the prescribed fee, and after obtaining the particulars specified in the schedule to these rules and such further information, if any, respecting the case as in the particular circumstances he may deem necessary, shall either proceed at once, if the application is made by the workman in person, to make a medical examination of the workman, or shall appoint forthwith a time and place for making such examination, and give notice thereof to the workman. Such notice, if given in writing, shall follow, as closely as may be, the form prescribed in the schedule to these rules.

Form 1.

Form 2.

4. After having personally examined the workman, the certifying surgeon shall either issue a certificate of disablement or certify that he is not satisfied that the workman is entitled to such certificate, and shall in either case deliver his certificate to the workman. The certificate given shall be in the form prescribed in the schedule to these rules.

Forms 3 and 5.

5. Where, in pursuance of any special rules or regulations made under the Factory and Workshop Act, 1901, the certifying or appointed surgeon, after having personally examined a workman, suspends him from his usual employment on account of his having contracted any disease to which the Act applies, or where in the case of a workman applying to be suspended in pursuance of such rules or regulations on account of his having contracted any such,

disease, the surgeon as aforesaid, after having personally examined such workman, refuses to order his suspension, he shall, on the application either of the employer or of the workman, and on payment of the prescribed fee, certify such suspension or refusal to suspend in accordance with the form prescribed in the schedule to these rules, and shall deliver such certificate to the applicant.

Forms 6
and 8.

6. Where a certificate of disablement is given or a workman is suspended, and the case is one in which, under the provisions of sub-section (1) of Section 45 of the Act as extended by any Order of the Ministry of Labour made under sub-section (3) of Section 44, the disease contracted by the workman will be deemed, unless the employer proves, or the certifying surgeon certifies, to the contrary, to have been due to the nature of the employment in the process in which at or immediately before the date of the disablement or suspension the workman was employed, the certifying surgeon, if he is of opinion that the disease contracted by the workman was not due to the nature of such employment, shall certify accordingly. Such certificate shall, where possible, be given simultaneously with, and included in, the certificate of disablement or the certificate (if any) of suspension, but may also be given separately on application by the employer and on payment of the prescribed fee; and in either case shall follow the form prescribed in the schedule to these rules.

Forms 4
and 7.

For the purposes of this rule an appointed surgeon shall have the same powers and duties as a certifying surgeon.

7. A copy of any certificate given by a certifying or appointed surgeon under the foregoing rules shall, together with any other documents relating to the case, be retained and kept by the surgeon; and a copy of any such certificate shall, on payment of the prescribed fee, be supplied by the surgeon to the employer or the workman.

8. The fees which the certifying and appointed surgeons shall be entitled to charge in respect of duties performed under sections 44 and 45 of the Act shall be as follows:—

Fees payable by the Workman.

(i) For any certificate given under rule 4—

(a) in cases where the medical examination of the workman is made by the surgeon in the performance of his duties under the Factory and Workshop Act, 1901, a fee of 1s.;

(b) in all other cases, a fee of 5s., and where the workman is unable to present himself for examination at the residence of, or other nearer place fixed by, the certifying surgeon, for every mile or portion thereof which the certifying surgeon is required to travel therefrom for the purpose of examining the workman, an additional fee of 1s.

(ii) For any certificate of suspension or refusal to suspend, obtained by the workman under rule 5, a fee of 1s.

- (iii) For a copy of any certificate obtained under rule 7, a fee of 1s.

Fees payable by the Employer.

- (iv) For any certificate of suspension or refusal to suspend, obtained by the employer under rule 5, a fee of 1s.
 (v) Where the employer applies under rule 6 for a certificate that the disease contracted is not due to the nature of the employment, in respect of every such application (to include the certificate, if given), a fee of 2s. 6d.
 (vi) For a copy of any certificate obtained under rule 7, a fee of 1s.

Given under the Seal of the Ministry of Labour for Northern Ireland this 13th day of March, 1935.

R. R. Bowman,
 Assistant Secretary,
 Ministry of Labour for Northern
 Ireland.

Stormont,
 13th March, 1935.

SCHEDULE.

FORM 1.

Particulars to be obtained by Certifying Surgeon upon application by Workman for Certificate of Disablement.

1. Name and address of workman ..
2. Disease in respect of which certificate is applied for }
3. Symptoms complained of
4. Employment to the nature of which disease is attributed }
5. Name and place of business of employer said to have last employed workman in such employment .. }
6. (Where application is not made by workman in person) whether workman is able to travel for purposes of examination }

FORM 2.

Notice to Workman of time and place appointed for his Examination by Surgeon.

Workmen's Compensation Act (Northern Ireland), 1927.

I hereby give you notice, with reference to your application for a certificate of disablement under Section 44, sub-section (1), of the above-named Act, that I propose to examine you at _____ day of _____ at _____ o'clock, and that you are required to submit yourself for examination accordingly.

Dated this _____ day of _____

(Signed)

To (the Workman).

FORM 3.

*Certificate of Disablement.**Workmen's Compensation Act (Northern Ireland), 1927.*

I, (a) as certifying surgeon appointed under the Factory and Workshop Act, 1901, for the district of
(or as a medical practitioner appointed by the Ministry of Labour to have the powers and duties of a certifying surgeon for the purposes of sections 44 and 45 of the Act), hereby certify that having personally examined (b)

on the day of , I am satisfied that
(c) is suffering from a disease to which the Workmen's Compensation Act applies, namely, the disease mentioned in the Schedule below against which I have placed my initials (d), and is thereby disabled from earning full wages at the work at which (c) has been employed; * and I certify that the disablement commenced on the day of

1. Full name and address of workman ..
2. Process in which workman states he was employed at or immediately before the date of disablement ..
3. Name and place of business of employer stated by workman to have last employed him in process above mentioned
4. Leading symptoms of disease ..

Dated this day of

(Signed)

Schedule.

*NOTE.—If the Surgeon is unable to certify a date on which the disablement commenced, he should strike out the following words. In that case the disablement will be deemed to have commenced on the date on which this certificate is given. See section 44 (2) of the Act.

FORM 4.

Certificate (supplementary to a Certificate of Disablement) to be given by Certifying Surgeon in circumstances mentioned in rule 6.

A. When the certificate is included in the certificate of disablement, it should run as follows:—

But whereas the said workman appears to have been employed at or immediately before the date of disablement in (a) being a process (b) the second column of the third schedule to the Act, and the disease contracted by him, viz. (c) is a disease which (d) is set opposite the above-mentioned process, I hereby certify that, in my opinion, the said disease is not due to the nature of such employment.

Dated this day of

(Signed)

(a) Strike out portion of description inapplicable.

(b) Name of workman.

(c) "he" or "she."

(d) The Surgeon must place his initials in the Schedule below against the disease in respect of which he grants the Certificate.

(a) name process.
(b) "mentioned in" or "added by an Order of the Ministry of Labour to."
(c) name disease in the same terms as in the third schedule to the Act or Order of the Ministry of Labour.
(d) "in the first column of that schedule" or "under the provisions of the said Order."

B. When the certificate is given separately on a subsequent application of the employer, it should be in the following form:—

Workmen's Compensation Act (Northern Ireland), 1927.

Whereas I, (e) the certifying surgeon appointed under the Factory and Workshop Act, 1901, for the district of _____ (or as a medical practitioner appointed by the Ministry of Labour to have the powers and duties of a certifying surgeon for the purposes of sections 44 and 45 of the above-named Act), on the _____ day of _____ certified that (f) _____ was suffering from (g) _____ being a disease to which the Workmen's Compensation Act applies, and was thereby disabled from earning full wages at the work at which he was employed; and whereas the said (f) _____ appears to have been employed at or immediately before the date of disablement in (h) _____ being a process (i) _____ the second column of the third schedule to the Act, and the disease above-named is a disease which (k) _____ is set opposite the above-mentioned process, I hereby certify that, in my opinion, the said disease was not due to the nature of such employment.

(e) strike out portion of description inapplicable.
 (f) name of workman.
 (g) name disease in the same terms as in the third schedule to the Act or Order of the Ministry of Labour.
 (h) name process.
 (i) "mentioned in," or "added by an Order of the Ministry of Labour to."
 (k) "in the first column of that schedule" or "under the provisions of the said Order."

Dated this _____ day of _____ (Signed) _____

FORM 5.

Certificate of Certifying Surgeon refusing to give Certificate of Disablement.

Workmen's Compensation Act (Northern Ireland), 1927.

I, (a) as certifying surgeon appointed under the Factory and Workshop Act, 1901, for the district of _____ (or as a medical practitioner appointed by the Ministry of Labour to have the powers and duties of a certifying surgeon for the purposes of sections 44 and 45 of the above Act), hereby certify that having personally examined (b) _____ who has applied for a Certificate of Disablement in respect of a disease to which the Workmen's Compensation Act applies, namely, the disease mentioned in the Schedule below against which I have placed my initials (c), I am not satisfied that (d) _____ is suffering from the said disease so as to be disabled from earning full wages at the work at which (d) _____ has been employed.

(a) Strike out portion of description inapplicable.
 (b) Name of workman.
 (c) The Surgeon must place his initials in the Schedule below against the disease in respect of which he refuses a Certificate of Disablement.
 (d) "he" or "she."

1. Full name and address of workman ..
2. Employment to nature of which disease complained of was attributed ..
3. Name and place of business of employer stated by workman to have last employed him in such employment ..

Dated this _____ day of _____ (Signed) _____

Schedule.

FORM 6.

*Certificate of Suspension by Certifying or Appointed Surgeon.**Workmen's Compensation Act (Northern Ireland), 1927.*

(a) "certifying" or "appointed," (b) name works at which workman is employed, (c) name workman, (d) name the special rules or regulations giving the power to suspend, (e) "his" or "her," (f) name disease in the same terms as in the third schedule to the Act or Order of the Ministry of Labour.

I, the (a) surgeon for (b) hereby certify that after personally examining (c) the (d) day of in pursuance of the (d) the Factory and Workshop Act, 1901, suspended the said (c) from (e) usual employment on account of (e) having contracted (f) being a disease to which the Workmen's Compensation Act applies.

1. Full name and address of workman ..
2. Employment from which workman is suspended }
3. Name and place of business of employer }
4. Leading symptoms of disease ..

Dated this day of

(Signed)

FORM 7.

Certificate to be given by Surgeon in cases of suspension in circumstances mentioned in rule 6.

A. *When the certificate is included in a certificate of suspension it should run as follows:—*

But whereas the said workman appears to have been employed at or immediately before the date of suspension in (a) being (b) process (b) the second column of the third schedule to the Act, and the disease contracted by him, viz. (c) is a disease which (d) is set opposite the above-mentioned process, I hereby certify that, in my opinion, the said disease is not due to the nature of such employment.

Dated this day of

(Signed)

(a) name process, (b) "mentioned in" or "added by an Order of the Ministry of Labour to," (c) name disease in the same terms as in the third schedule to the Act or Order of the Ministry of Labour, (d) "in the first column of that schedule" or "under the provisions of the said Order."

B. *When the certificate is given separately on an application by the employer, it should be in the following form:—*

Workmen's Compensation Act (Northern Ireland), 1927.

Whereas I, the (a) surgeon for (b) on the (c) day of in pursuance of the (c) made under

(a) "certifying" or "appointed," (b) name works at which workman was employed, (c) name the special rules or regulations giving the power to suspend.

the Factory and Workshop Act, 1901, suspended (*d*) from (*e*)
 usual employment on account of (*e*) having
 contracted (*f*) being a disease to which the Workmen's
 Compensation Act applies, and whereas the said (*d*) appears to
 have been employed, at or immediately before the date of suspension in
 (*g*) being a process (*h*) the second
 column of the third schedule to the Act, and the disease above-named is a disease
 which (*i*) is set
 opposite the above-mentioned process, I hereby certify that, in my opinion, the
 said disease was not due to the nature of such employment:

(*d*) name of
 workman.
 (*e*) "his" or
 "her."
 (*f*) name
 disease in the
 same terms as
 in the third
 schedule to the
 Act or Order of
 the Ministry of
 Labour.
 (*g*) name process.
 (*h*) "mentioned
 in" or "added
 by an Order of
 the Ministry of
 Labour, to."
 (*i*) "in the first
 column of that
 schedule" or
 "under the
 provisions of
 the said
 Order."

Dated this day of

(Signed)

FORM 8.

Certificate by Certifying or Appointed Surgeon of Refusal to suspend.

Workmen's Compensation Act (Northern Ireland), 1927.

I, the (*a*) surgeon for (*b*)
 hereby certify that (*c*) having applied to me to be
 suspended from (*e*) usual employment in pursuance of (*d*)
 made under the Factory and Workshop Act, 1901, on account of (*e*)
 having contracted (*f*) being a disease to which the Workmen's
 Compensation Act applies, I have after personally examining the said (*c*)
 refused to suspend (*g*)

(*a*) "certify-
 ing" or
 "appointed."
 (*b*) name works
 at which
 workman is
 employed.
 (*c*) name work-
 man.
 (*d*) name the
 special rules or
 regulations
 giving the
 power to
 suspend.
 (*e*) "his" or
 "her."
 (*f*) name disease
 in the same
 terms as in the
 third schedule
 to the Act or
 Order of the
 Ministry of
 Labour.
 (*g*) "him" or
 "her."

1. Full name and address of workman ..
2. Name and place of business of em- }
 ployer }
3. Ground for refusal to suspend ..

Dated this day of

(Signed)

Industrial Diseases.

THE WORKMEN'S COMPENSATION (INDUSTRIAL DISEASES)
 (NORTHERN IRELAND) ORDER, 1935, DATED JUNE,
 13TH, 1935, MADE BY THE MINISTRY OF LABOUR, EXTENDING
 THE PROVISIONS OF SECTION 44 OF THE WORKMEN'S
 COMPENSATION ACT (NORTHERN IRELAND), 1927 (17 & 18
 GEO. 5, C. 16).

1935. No. 77.

In pursuance of the power conferred by Section 44, Sub-section
 (3), of the Workmen's Compensation Act (Northern Ireland),
 1927, the Ministry of Labour for Northern Ireland hereby makes
 the following Order :—

1. Without prejudice to cases arising before the commencement
 of this Order, the Workmen's Compensation (Industrial Diseases)
 (Northern Ireland) Consolidation Order, 1929 (*a*) shall be amended