labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

FIRST MEDICAL REPORT IN RESPECT OF AN OCCUPATIONAL DISEASE

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

[Section 74(1) – Commissioner's rules, forms and particulars – Annexure 19]

Claim Number: .....

Name and Surname of employee: .....

Identity Number: .....

Address .....

Name of employer.....

Address .....

1. Date of first consultation .....
2. Diagnosis or nature of disease .....
3. Indicate the causative substance or work-process .....
4. State the positive aspects from the anamnesis and/or clinical examination supporting the diagnosis (reports of all special investigations must be submitted).

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   .....
5. Is the employee unfit to work?.....
6. Does the employee suffer from any other disease?.....

   If so, please specify .....

Account in respect of consultation and/or procedure(s)

Your Account No. ..... PR No. .....

Description of service	Place and dates of treatment or visits	Item of Tariff	R	c

I certify that I have by examination of the employee satisfied myself of above-mentioned facts.

Date (important) ....

Medical practitioner

Name printed: .....

Registered address: .....

: .....

- All questions must be answered in full.
- Full motivation of diagnosis will prevent unnecessary correspondence and delays in adjudication of the claim
- The form must be forwarded to the employer of the patient within 14 days after the first consultation.