labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

Claim Number: .....

PROGRESS/FINAL MEDICAL REPORT IN RESPECT OF AN OCCUPATIONAL DISEASE

(*Delete which is not applicable)

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

[Section 74(2) – Commissioner's rules, forms and particulars – Annexure 20]

Surname of Employee .....
(Block letters)

Full Names .....

ID Number .....

Address .....

Name of employer .....

Date of diagnosis .....

---

1. From what date has the employee been fit for his/her work?

   .....

   or

   Since what date has the employee been fit for work in the open labour market? .....

   .....

2. (a) Was the employee required to change his/her occupation following medical advice? .....

   .....

   (b) If so, please give the reason .....

   .....

3. (a) Has there been any permanent loss of function which resulted from the occupational disease? .....

   .....

   (b) If so, give a detailed description thereof of substantiated by special examinations where necessary .....

   .....

4. Has the employee's condition become stabilised? .....

   If so, describe in detail any permanent anatomical defect and/or impairment of functions of the occupational disease .....

   .....

   .....

   .....

   .....

   .....

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, satisfied myself that the condition of the employee is the result of the occupational disease as described above.

Date (important) ....

Signature of medical practitioner/chiropractor

Name printed: .....

Registered address: .....

: .....

: .....

N.B.: Progress reports must be submitted on a monthly basis to the Compensation Commissioner or mutual association or employer individually liability as the case may be until the employee's condition has become stabilised when a final medical report should be submitted.