labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

*FINAL / PROGRESS MEDICAL REPORT IN RESPECT OF AN ACCIDENT

(*Delete which is not applicable)

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO. 130 OF 1993)
[Section 6A(b) – Commissioner's rules, forms and particulars – Annexure 169]

Claim Number: .....

Names and Surname of Employee .....

Identity Number ..... Address .....

..... Postal Code .....

Name of Employer .....

Address .....

..... Postal Code .....

Date of Accident: .....

1. Describe any operation(s)/procedure(s)/test(s) carried out and date(s):

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2. Prognosis and further treatment? .....

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3. (a) From what date has the employee been fit for his/her normal work? .....

   (b) On what date is he/she likely to be fit for his/her normal work?

4. Has the employee's condition become stabilised?

If so, describe in detail any present permanent anatomical defect and/or impairment of function as a result of the accident: (Loss of movement, if any, must be indicated in degrees at each specific joint).

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I certify that I have by examination, satisfied myself that the injury(ies) of the employee is the result of the accident.

Signature of Medical Practitioner/Chiropractor .....

Name (Printed) ..... Date (important) .....

Address .....

..... Practice number .....

N.B.: Progress reports must be submitted on a monthly basis to the employer until the employee's condition has become stabilised when a final medical report should be submitted.