



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): ..... 2. Prognosis and further treatment? ..... 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).

.....

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.