CONFIDENTIAL

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2041

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PROGRESS/FINAL MEDICAL REPORT

(Delete word not applicable)

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

Claim Number ____________ **Date of Accident** ____________ **Staff number** ____________

Employer ____________

Employee ____________

1.	(a) Is the condition healing satisfactorily? (b) If not, state briefly the hindering or complicating factors	
2.	Will further treatment - (a) by yourself (b) by a specialist result in further improvement of employee's condition?	
3.	Have you had a consultation in respect of this case since the last report? If so, when and with whom? **(N.B. - Copies of Consultant's reports must be attached.)**	Date Consultant Result
4.	(a) From what date has employee been fit for his normal work or (b) On what date is he likely to be fit for his normal work?	
5.	Have any X-rays been taken since the last report? If so, state **(N.B. - Copies of Radiologists' reports must be attached.)**	Date By whom Result
6.	Have any operative (including manipulative) procedures been undertaken since the previous report? If so, state	Date By whom Local or General Anaesthetic If General: Duration ____ minutes Brief Report
7.	Have any anti-sera or vaccines or plaster of Paris bandages been used in the course of treatment since the previous report? If so, state dates and quantities	
8.	Have you ordered physiotherapy (with whom) since the previous report?	
9.	**N.B. - To be completed in Final Report only.** (a) Has the condition sustained by the employee as a result of the accident become stabilised? (b) If so, has the accident resulted in any permanent disability? (c) If so, describe **in Detail** such **Permanent** anatomical defects and/or impairments of function as now exist as a result of the accident	

I certify that I have, by examination, satisfied myself that the condition of the employee is as described above. **(Please Print Name and Sign)**

MEDICAL PRACTITIONER / SPECIALIST: ____________ **DATE:** ____________

ADDRESS: ____________ **PRACTICE NO:** ____________