



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). 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.

Table with 5 columns: 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.