| progress MEDICAL REPORT | | | | | | | |
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| DETAILS OF INJURED employee | | | | | | | |
| Name of Employee: | | | | | | | |
| Date of Birth: / / | Occupation: | | | | Cell No: | | |
| Name of Employer: | | | | | | | |
| Date of Accident/Onset of Disease: / / | | | | | Date of Consultation: / / | | |
| RMA Claim No: | | | | | Industry No: | | |
| DETAILS OF INJURY | | | | | | | |
| 1. If the injury has not yet stabilised, briefly state why: | | | | | | | |
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| 2. Further treatment envisaged: | | | | | | | |
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| 3. Has the patient been referred to a specialist? If so, please supply details and **attach copies of reports** | | | | | | | |
| Specialists Name: | | | | Date: / / | | | |
| Outcome: | | | | | | | |
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| 4. Has the patient been referred for radiological examinations? Yes | |  | No | | |  |  |
| If yes, please supply details and **attach copies of reports**: | | | | | | | |
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| 5. Please supply details of any operations/procedures/ anaesthetic undergone by the patient since the first medical report: | | | | | | | |
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| 6. Please supply details of any physiotherapy treatment received by the patient since the first medical report: | | | | | | | |
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| 7. Please state date on which the patient is due to return to work: / / | | | | | | | |
| declaration | | | | | | | |
| I declare that after my examination of the above patient, I am satisfied that the injury is work-related and consistent with the injury sustained. | | | | | | | |
| Surname: | | | | | Initials: | | |
| Email: | | | | | Tel: | | |
| Practice No: | | | | | Cell No: | | |
| Address: | | | | | | | |
|  | | | | | | | |
|  | | | | | Code: | | |
| Signature: | | | | | Date: / / | | |