| 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: / / |