CONFIDENTIAL

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101 CENTRAL STREET
HOUGHTON
2198

PRIVATE BAG 87109
HOUGHTON
2041

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FIRST MEDICAL REPORT

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

Not to be issued by Practitioner who gives only emergency (single visit) treatment, but by practitioner in permanent charge of case.
(Reference to the Compensation for Occupational Injuries and Diseases Act, 1993 Medical Handbook will assist in the completion of this form.)

Claim Number _____ **Date of Accident** _____ **Staff Number** _____
Employer _____ **ID Number** _____
Employee _____

1. a Time and place of first attendance by you Date_____ Time_____ Place_____
   b Has employee previously been attended (more than once) for this accident by any other registered medical practitioner (other than your partner or assistant)? * _____

2. How did the alleged accident happen? _____

3. Full clinical description of Injury(ies)(precision is essential and the technical terms may be used) Please add additional pages if necessary :

4. In your opinion, is the employee's condition due to the accident described in item 2 above? _____

5. **(Describe briefly any pre-existing defect or disease evident at the time of examination)** _____

6. X RAY EXAMINATIONS: Date _____ By whom made _____
   Please attach original or full copy of Radiologist's written report if available

7. SURGICAL OPERATIONS (including setting of fractures and reduction of dislocations). Date _____
   Brief Note _____
   ANAESTHETICS:Local or general anaesthetic used? _____ By whom _____
   If general please state duration _____ minutes.

8. a Have you referred the patient to another medical practitioner? YES | NO
   If YES, to whom? _____ Date _____
   b Have you ordered physiotherapy? If so, with whom ? _____ Date _____

9. a Is the employee unfit for work? YES | NO
   b On what date, in your opinion is he likely to be fit for Light duty _____ Normal duty _____

10. Any further remarks _____

DATE (IMPORTANT): _____ **PRACTICE NO:** _____

ADDRESS: _____

SIGNATURE OF MEDICAL PRACTITIONER / CHIROPRACTOR: _____

THIS REPORT MUST BE SENT TO FEM WITHIN 14 DAYS OF CONSULTATION