

Claim Number:	
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PROGRESS/FINAL MEDICAL REPORT IN RESPECT OF AN OCCUPATIONAL DISEASE (*Delete which is not applicable)

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 [Section 74(2) – Commissioner's rules, forms and particulars – Annexure 20]

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;	Surname of Employee(Block letters)						
ı	Full Names						
	ID Number						
	Address						
ı	Name of employer						
ı	Date of diagnosis						
1.	From what date has the employee been fit for his/her work?						
	or or						
	Since what date has the employee been fit for work in the open labour market?						
2.	(a) Was the employee required to change his/her occupation following medical advice?						
	(b) If so, please give the reason						
3.	(a) Has there been any permanent loss of function which resulted from the occupational disease?						
	(b) If so, give a detailed description thereof of substantiated by special examinations where necessary						
4.	Has the employee's condition become stabilised?						
	If so, describe in detail any permanent anatomical defect and/or impairment of functions of the occupational disease						

Account in respect of consultation	on and/or procedure(s)				
Your Account No		PR No			
Description of service	Place and dates of treatment or visits	Item of Tariff	R	С	
	on, satisfied myself that the condition of the	employee is the result of the	e occupational dis	sease as	
Signature of medical pract Name printed:					
		ddress:			
		:			
		:			

N.B.: Progress reports must be submitted on a monthly basis to the Compensation Commissioner or mutual association or employer individually liability as the case may be until the employee's condition has become stabilised when a final medical report should be submitted.

Call Centre No.: 086 010 5350 - Fax No.: (012) 323-8627 or (012) 323-6986 E-mail: cf-info@labour.gov.za - Website: www.labour.gov.za