

PROGRESS/FINAL MEDICAL REPORT IN RESPECT OF AN OCCUPATIONAL DISEASE
 COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT No. 130 OF 1993)
 (Previously Workmen's Compensation Act, 1941)
 [Section 74 (2) — Commissioner's rules, forms and particulars — Annexure 20]

Claim No.

Surname of Employee
 (Block letters)
 Christian names
 Address
 Name of employer
 Address
 Date of diagnosis

1. From what date has the employee been fit for his/her work?

 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 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 and/or procedure(s)
 Your Account No.: PR No

Description of service	Place and date of treatment or visits	Item of Tariff	R	c
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I certify that I have by examination, satisfied myself that the condition of the employee is the result of the occupational disease as described above.

Date (important)
 Signature of medical practitioner/chiropractor
 Name (printed):
 Registered address:

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