

FIRST MEDICAL REPORT IN RESPECT OF AN OCCUPATIONAL DISEASE
 COMPENSATION FOR OCCUPATIONAL DISEASES AND INJURIES ACT, 1993 (ACT NO. 130 OF 1993)
 (Previously Workmen's Compensation Act, 1941)
(Section 74(1) Commissioner's rules, forms and particulars - Annexure 19)

Claim Number

Name of employee:
 Christian Names

Surname

Address

Name of employer

Address

1. Date of first consultation
2. Diagnosis or nature of disease
3. Indicate the causitive substance or work-process
4. State the positive aspects from tne anamnesis and/or clinical examination supporting the diagnosis (reports of all special investigations must be submitted).

5. Is the employee unfit to work?
6. Does the employee suffer from any other disease?.....
 If so, please specify

Account in respect of consultation and/or procedure(s)

Your Account No. PR No.

Description of service	Place and dates of treatment or visits	Item of Tariff	R	C

I certify that I have by examination of the employee satisfied myself of above-mentioned facts.

Date (important)

Medical practitioner

Name printed:

Registered address:

- All questions must be answered in full.
- Full motivation of diagnosis will prevent unnecessary correspondence and delays in adjudication of the claim.
- The form must be forwarded to the employer of the patient within 14 days after the first consultation.