

Claim number: .....

**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**  
**((Previously Workmen's Compensation Act, 1941))**

**DERMATOLOGICAL REPORT**

*[May be used by Dermatologist in lieu of First Medical Report (W.Cl. 4)]*

Employee: .....

Employer: .....

1. Date of first consultation (also after recurrence): .....

2. Employee's occupation (and how long so employed): .....

.....

3. What is the causative agent in the workplace? .....

.....

4. What is the diagnosis? .....

.....

5. Please supply details of any special investigations done to confirm the diagnosis (e.g. Patch tests): .....

.....

.....

6. Past history with reference to condition: .....

.....

.....

7. Present history .....

.....

.....

8. Treatment: .....

.....

.....

9. Condition is attributable to: .....

.....

.....

10. Date fit for duty: .....

11. Preventive measures recommended (including comments on any skin cleansers to be used in occupation):

.....

.....

.....

.....  
DATE

.....  
GENERAL PRACTITIONER/DERMATOLOGIST

Registered Address: .....

.....

..... Postal Code .....