



2nd Floor Oxford & Glenhove, 114 Oxford Rd, Houghton Estate, 2198 - Private Bag 87109, Houghton, 2041
Tel: (011) 359 4300 - Fax: (011) 359 4302 - info@fema.co.za - www.fema.co.za

**FINAL MEDICAL REPORT
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 AS AMENDED**

Provide information for general final occupational diseases diagnosis, where necessary please attach an independent report.

EMPLOYEE DETAILS									
Claim Number:			Date of Accident:				Staff Number		
Name of Employer:									
Name of Employee									
DETAILS OF INJURY									
Give a clinical description of original injury/injuries/disease:									
Provide a detailed description of the impairment that has resulted from the injury:									
Is the condition healed									
Yes			No			If no, please give an explanation:			
Is the present disablement solely attributable to the accident?									
Yes			No						
If yes, are there any additional contributory causes?									
Yes			No						
If yes, please give more details of the contributory causes:									
Has the clinical condition stabilized and not likely to improve?									
Yes			No						
ICD 10 Codes									
Impairment Findings:									
Describe in detail the permanent anatomical and physiological defects:									
Date on which the employee is due to return to work: / /									

I certify that I have examined and satisfied myself that the impairment of the employee is as a result of the accident as described above.

DECLARATION	
I hereby declare that the information provided in this report is true and correct according to my knowledge.	
Initial Surname:	Practice No
E-mail:	Tel:
Signature:	Date:

