



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

**COID AMPUTEE / PROSTHESIS ASSESSMENT**  
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

Claim Number _____	Date of Accident _____	Staff number _____
Employer _____	_____	
Employee _____	_____	

**Prosthesis recommendation**

Amputation level \_\_\_\_\_

Prosthetic category \_\_\_\_\_

Code	Description
Prosthesis _____	_____
Foot _____	_____
Ankle _____	_____
Knee _____	_____
Suspension _____	_____
Other _____	_____

Remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prosthetist \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Patient \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

