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**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 AS AMENDED
ELBOW**

EMPLOYEE DETAILS		
Claim Number:	Date of Accident:	Staff Number:
Name of Employer:		
Name of Employee:		

1.	Injured side	Left:	Right:	Both
2.	Evidence of scarring:			
3.	Was surgery performed:	Yes	No	
4.	Amputation:	Yes	No	
	If yes, please indicate the level:			
5.	Is the elbow deformed:	Yes	No	
	If yes, please provide a description of the deformation			
	Radius and ulna deformed	Yes	No	
	If yes, please provide a description of the deformation			
6.	Nerve Lesion	Yes	No	
	Level: Radial	Upper:	Mid:	Low:
	Level: Ulnar	Upper:	Mid:	Low:
	Level: Median	Upper:	Mid:	below:
	Attach the EMG report:			
7.	Power strength:			
8.	Vascular lesion:	Yes	No	
	Radial	Ulnar		
9.	Range of movement (ROM):			
	Elbow	Measured ROM (Ankylosed joint fixed degrees) e.g. (0-150)		COMMENTS
	Flexion			
	Extension loss			
	Pronation			
	Supination			
10	Radiology Report: please provide the latest radiology report			
11	Other Comments			

I certify that I have examined and satisfied myself that the impairment of the employee is the result of the accident as per first medical report

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

Please attach Dr's stamp and signature

