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

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 AS AMENDED
FINAL LEG AND FOOT REPORT
EMPLOYEE DETAILS

Claim Number:	**Date of Accident:**	**Staff Number:**
Name of Employer:		
Name of Employee:		

1.	Injured side		Left		Right		Both
2.	Evidence of scaring:						
3.	Surgery Performed		Yes		No		
4.	Amputation		Yes		No		
	Level	Tarso-metartasal (Linsfranc)					
		Midtarsal (Chopart)					
		Metatarsals					
		Mid-metatarsal					
		Toes_Hallux, 2nd, 3rd, 4th,5th					
	Describe:						
5.	Deformity of foot/ankle		Yes		No		
	Describe:						

ROM	**Ankle**	**Measured ROM (Ankylosed joint in fixed degrees)**	**Comments**
	Dorsi flexion		
	Plantar flexion		
	Inversion		
	Eversion		
	Ankle ligaments	Measured ROM (Ankylosed joint in fixed degrees)	
ROM	Medical Collateral	Stable	
	Lateral Collateral	Stable	
	Big toe	Measured ROM (Ankylosed joint in fixed degrees)	
	Big toe (Hallux)		
	IP – flexion		
	MP – Dorsi flexion		
	MP – Plantar flexion		
	Radiology Report		
	Other Comments		

(Reg No.1936/008971/07)
Directors: N F Maas (Chairman), J R Barrow, Y Bodiat, M G Ilsley,
K Imathiu, C S Jiyane, M A Letshele, H Ngakane, H Walker,
CEO: N F Manyonga, Company Secretary: E J Willis

I certify that I have examined and satisfied myself that the injury (ies) of the employee is as a result of the accident as described above. NB: This report must be sent to FEM or handed to the injured employee within 14 days from the date of first consultation.

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 Stamp and Initial first page

(Reg No.1936/008971/07)
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