



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**

<b>Claim Number</b>	<b>Date of Accident</b>	<b>Staff Number</b>
<b>Name of Employer:</b>		
<b>Name of Employee:</b>		

1.	From what date has the employee been fit for his/her work?	Date:			
	From what date has the employee been fit to work in the open labour market?	Date:			
2.	Was the employee required to change his/her occupation following the medical advice?	Yes		No	

If yes, please provide reasons


3.	Has there been any permanent loss of function which resulted from the occupational disease?	Yes		No	
----	---	-----	--	----	--

If yes, please give a detailed description of the permanent loss supported by evidence of special examination where necessary:


3.	Has the employee condition stabilised?	Yes		No	
----	--	-----	--	----	--

If yes, please give a detailed description of any permanent anatomical defect and/or impairment of functions of the occupational disease.


**DECLARATION**

I hereby declare that the information furnished in this report is true and correct according to my knowledge.

Initial and Surname:	Initials
E-mail:	Tel:
Signature:	Date:

