



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

Claim Number

**FINAL/PROGRESS MEDICAL REPORT IN RESPECT OF
POST TRAUMATIC STRESS DISORDER**

(*Delete which is not applicable)

* The Final Medical Report should be accompanied by a full clinical report from the Psychiatrist treating the employee.
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (Act No. 130 of 1993)
[Section 6A(b) – Commissioner’s rules, Forms and Particulars – Annexure 22]

Names and Surname of Employee			
Identity Number		Address	
			Postal Code
Name of Employer			
Address		Postal Code	
Date of accident			

1. Describe any treatment/test(s) carried out and date(s): _____

2. Prognosis and further treatment? _____

3. (a) From what date has the employee been fit for his/her normal work? _____
 (b) On what date is he/she likely to be fit for his/her normal work? _____

4. Has the employee's condition become stabilised? _____

If so, Final 5 Axis Diagnosis:

Axis 1 _____

Axis 2 _____

Axis 3 _____

Axis 4 _____

Axis 5 _____

5. Describe in detail any present permanent impairment of function as a result of the condition:

(Please indicate GAF / SOFAS / SASOP Scale): _____

I certify that I have by examination, satisfied myself that the condition of the employee is the result of the accident.

Signature of Psychiatrist/General Medical Practitioner/ _____
Psychologist/Other

Name (Printed) _____ Date (important) _____

Address _____

_____ Postal Code _____ Practice number _____

N.B.: Progress reports must be submitted on a monthly basis to the employer until the employee's condition has become stabilised when a final medical report should be submitted.