



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

Claim Number

APPLICATION FOR COMMUTATION OF PENSION

MEDICAL REPORT ON HEALTH STATUS OF EMPLOYEE

*Mark the applicable

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO. 130 OF 1993)

EMPLOYEE:

Surname and First Names

Identity Number:

IDENTITY NUMBER:

1. *Are you the employee's regular doctor? Yes No
2. If so, for how long?
3. What ailments has the employee consulted you about?

AILMENT	DATE OF FIRST SYMPTOMS	DATES OF CONSULTATIONS	TREATMENT

4. *Has the employee recover from the condition(s)? Yes No

5. What is the employee's present state of health?

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I the employee taking any medication? if so, state product name of prescribed medication as well as daily dosage.

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6. Please provide the results of the following

I. Blood pressure reading(s)

II. Urinalysis

III. Height(m)

IV. Weight(kg)

EMPLOYEE:

Surname and First Names

IDENTITY NUMBER:

7. Are you aware of any meaningful risk factors concerning the employee's former or present state of health and mode of living that would influence his/her normal life expectancy?

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8. Are the following normal on examination?

I. Cardiovascular system

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II. Respiratory system

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III. Genito-urinary system

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IV. Central nervous system

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9. Do you consider that the employee's state of health is such that he has the normal expectancy of life for his age and occupation? *Yes *No
(state reason(s) fully)

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.....

DATE:

MEDICAL PRACTITIONER:

REGISTERED ADDRESS:

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PRACTICE NUMBER: