



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

Claim Number:

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

DERMATOLOGICAL REPORT

[May be used by Dermatologist in lieu of First Medical Report (W.Cl.4)]

Employee:

Employer:

- 1. Date of first consultation (also after recurrence):
2. Employer's occupation (and how long so employed):
3. What is the causative agent in the workplace?
4. What is the diagnosis?
5. Please supply details of any special investigations done to confirm the diagnosis (e.g. Patch tests):
6. Past history with reference to condition:
7. Present history:
8. Treatment:
9. Condition is attributable to:
10. Date fit for duty:
11. Preventive measures recommended (including comments on any skin cleansers to be used in occupation):.....

DATE

GENERAL PRACTITIONER/DERMATOLOGIST

Registered Address: :

.....

Postal Code