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PROGRESS MEDICAL REPORT

DETAILS OF INJURED EMPLOYEE

Name of Employee:		
Date of Birth:	Occupation:	Cell No:
Name of Employer:		
Date of Accident/Onset of Disease:		Date of Consultation:
RMA Claim No:		Industry No:

DETAILS OF INJURY

1. If the injury has not yet stabilised, briefly state why:				
2. Further treatment envisaged:				
3. Has the patient been referred to a specialist? If so, please supply details and attach copies of reports				
Specialists Name:			Date:	
Outcome:				
4. Has the patient been referred for radiological examinations?				
Yes		No		
If yes, please supply details and attach copies of reports :				



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5. Please supply details of any operations/procedures/ anaesthetic undergone by the patient since the first medical report:	
6. Please supply details of any physiotherapy treatment received by the patient since the first medical report:	
7. Please state date on which the patient is due to return to work:	
DECLARATION	
I declare that after my examination of the above patient, I am satisfied that the injury is work-related and consistent with the injury sustained.	
Surname:	Initials:
Email:	Tel:
Practice No:	Cell No:
Address:	
	Code:
Signature:	Date: