CLAIM NUMBER:	**SPECIAL REPORT - HERNIA CASE**	STAFF NUMBER:
EMPLOYER:	DATE OF REPORT:	EMPLOYEE NAME:

1. Describe the nature of your work and state how long you have been engaged at this work _____

2. If you were lifting some object, state its approximate weight and size, or else state clearly what happened _____

3. Were you taking the whole weight? _____

4. Did you take the strain steadily or with a jerk? _____

5. If assisted by anyone, state whom _____

6. Have you handled similar or heavier weights before? _____ frequently? _____

7. If so, what was there unusual about this particular lift to cause the hernia? _____

8. If not lifting anything, state what unusual occurrence, if any, caused the hernia? _____

9. Did you feel any sensation at the time? YES ☐ NO ☐

   Describe in detail what you felt. _____

10. If not at the first tme, how soon afterwards did you first feel anything? _____

11. How soon after did you first complain to anyone? _____

12. Give the names and addresses of any person(s) who witnessed the accident. _____

13. Did you report to your employer immediately? YES ☐ NO ☐

    If not, why not? To whom did you report? _____

KINDLY RETURN THE COMPLETED QUESTIONNAIRE BY FAX TO IOD SOLUTIONS FAX NO: 086 513 9717 AT YOUR EARLIEST CONVENIENCE. SHOULD YOU REQUIRE ANY FURTHER INFORMATION, PLEASE CONTACT IOD SOLUTIONS ON TEL NO: 041 360 3417.

041 360 3417
Fax: 086 513 9717

jeromine@iodsolutions.co.za
info@iodsolutions.co.za

597 Cape Road Kabega Medical Centre,
Kabega Park, Gqeberha, 6025

14. Did you complete the task at which you were engaged?	_____
15. What kind of work did you do after the injury?	_____
16. When did you first examine yourself?	_____
17. What did you find?	_____
18. Did you ever suffer from a hernia before, wear a truss or have an operation?	YES ☐ NO ☐
Give particulars.	_____
19. What is your age, height and weight?	_____
20. Do you wish to be operated on?	YES ☐ NO ☐
Or wear a truss?	YES ☐ NO ☐

Signed this _____ **day of** _____ **20**_____

_____

Workman's Signature

Address:

_____

_____

_____

_____

KINDLY RETURN THE COMPLETED QUESTIONNAIRE BY FAX TO IOD SOLUTIONS FAX NO: 086 513 9717 AT YOUR EARLIEST CONVENIENCE. SHOULD YOU REQUIRE ANY FURTHER INFORMATION, PLEASE CONTACT IOD SOLUTIONS ON TEL NO: 041 360 3417.

041 360 3417
Fax: 086 513 9717

jeromine@iodsolutions.co.za
info@iodsolutions.co.za

597 Cape Road Kabega Medical Centre,
Kabega Park, Gqeberha, 6025