Claim Number: _____

labour
Department:
Labour
REPUBLIC OF SOUTH AFRICA

REQUEST FOR REOPENING OF A CLAIM - GENERAL

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 1993 (Act No. 130 of 1993)

PLEASE WRITE LEGIBLY

Name of Employee					
Identity Number		Address			
				Postal Code	
Name of Employer					
Address					
				Postal Code	
1.	Date of Accident/ Onset of Disease		2.	Date of Consultation	
3.	Has Permanent Disablement been awarded by COIDA?	YES	NO	PERCENTAGE if known	
4.	State the specific diagnosis and the present condition of the employee.				
5.	List the special investigations performed to confirm (4) **(Attach report/s)**				
6.	Describe the relationship of the present condition to the original injury/ disease sustained. (If the only relationship is persistence of symptoms, provide dates of doctors' consultations, diagnoses, treatment administered and attach sick leave records)				
7.	Estimated date of surgery :				

8.	Procedure codes to be used :
9.	Expected number of days in Hospital :
10	Expected aftercare required :
11	Anaesthetist :
12	Assistant :
13	Hospital :
14	Radiologist :
15	COID procedure codes for x-rays and MRI :
16	Estimated cost of treatment :

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

Signature of Medical Practitioner		Practice number	
Name of Medical Practitioner		Date	
Dr's telephone number	Email address	Fax number	Cell
Address			
Signature of the employee		Date(important)	
Employee's contact number			

DOCTORS NAME STAMP :