GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR GENERAL NOTICE 1716 OF 2023



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Corrections to Notice number: 48308

Chiropractor Annexures

The 2 pages were to be inserted at the end of the Notice/Gazette, after page 21.



CHIROPRACTOR ANNEXURES 2023

Claim Number:	
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REHABILITATION PROGRESS REPORT

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASE ACT

Names	s and Surname of Employee
Identit	y Number Address
	Postal Code
Name	of Employer
	ss
	Postal Code
Date o	of Accident
1.	Date of first treatment Provider who provided first treatment
2.	Initial clinical presentation and functional status
3.	Name of referring medical practitioner
	Date of referral
4.	Describe patient's current symptoms and functional status
5.	Are there any complicating factors that may prolong rehabilitation or delay recovery (specify)?
6.	Overall goal of treatment:
7.	Number of sessions already delivered Progress achieved

	Claim Number:		
8.	Number of sessions required Treatment plan for proposed treatment sessions		
9.	From what date has the employee been fit for his/her normal work?		
10.	. Is the employee fully rehabilitated / has the employee obtained the highest level of function?		
	impairment of function as a result of the accident (R.O.M, if any must be indicated in degrees at each specific joint)		
oorti	ify that I have by evamination satisfied myself that the injury (i.e.) eve as a		
	ify that I have by examination, satisfied myself that the injury(ies) are as a of the accident.		
	ture of rehabilitation service provider		
	(Printed) Date(Important)		
ddre	ess		
ractio	ce number		

NB: Rehabilitation progress reports must be submitted on a monthly basis and attached to the submitted accounts.