



labour

Department:  
Labour  
REPUBLIC OF SOUTH AFRICA

Claim Number: .....

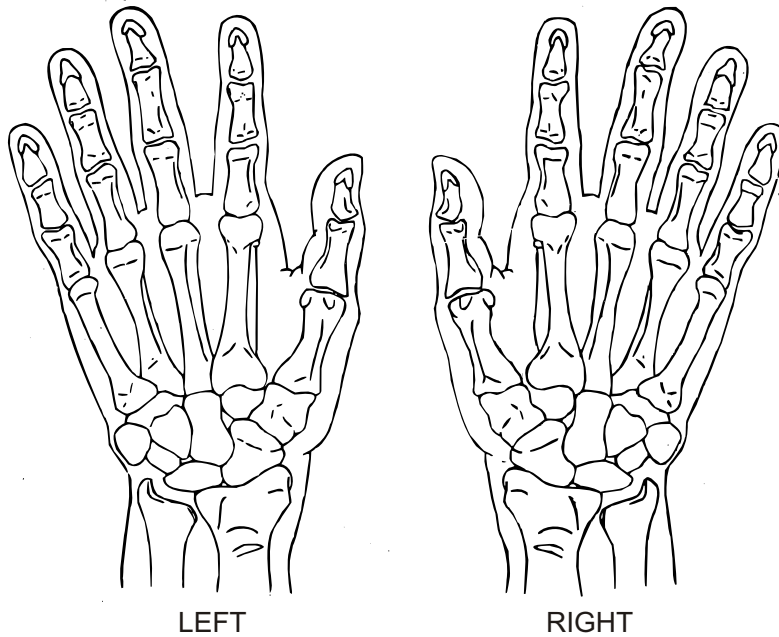
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

SUPPLEMENTARY REPORT ON INJURY TO HAND

Employee: ..... Date of accident: .....

Employer: .....

NOTE:- Please indicate on the sketch below the exact nature and location of any permanent injury(ies) sustained by the employee:



State whether LEFT or RIGHT hand .....

Remarks: .....

Date: .....

Address: .....

Postal Code: .....

.....  
Medical Practitioner.