

Claim number:

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993
((Previously Workmen's Compensation Act, 1941))

DERMATOLOGICAL REPORT

[May be used by Dermatologist in lieu of First Medical Report (W.Cl. 4)]

Employee:

Employer:

1. Date of first consultation (also after recurrence):

2. Employee's occupation (and how long so employed):

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3. What is the causative agent in the workplace?

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4. What is the diagnosis?

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5. Please supply details of any special investigations done to confirm the diagnosis (e.g. Patch tests):

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6. Past history with reference to condition:

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7. Present history

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8. Treatment:

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9. Condition is attributable to:

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10. Date fit for duty:

11. Preventive measures recommended (including comments on any skin cleansers to be used in occupation):

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DATE

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GENERAL PRACTITIONER/DERMATOLOGIST

Registered Address:

.....

..... Postal Code