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National Bargaining Council For The Electrical Industry Of South Africa

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ELECTRICAL CONTRACTING INDUSTRY

PENSION ☐ **PROVIDENT** ☐ **LIMITED DURATION** ☐

CONTINUANCE OF DISABILITY REPORT

Statement by the Attending Doctor:

In order for the disability claim to be reviewed, up to date medical information is required.

A consultation/examination is not required for the completion of this form if this patient has consulted you within the last 6 weeks.

1. Personal details of the Member / Insured:

Full names and surname				
Date of birth	/ /	Identity number		
Reference Number		Gender	Female	Male
Residential Address				
Postal Address				
Office hours contact number				
Cellular number				
Alternative contact number				
Name of Employer				
Name of Fund				

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Last three (3) consultations		
/ /	/ /	/ /

Diagnoses of the current conditions

Details of complications/concurrent conditions

Presenting signs and symptoms

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Clinical examination and findings at most recent consultation (please include previous and current weight)

Investigations done e.g. blood tests results (related to the diagnosis) etc. (please attach copies)

Limitations experienced in performing activities of daily living

Current treatment including medication, dosages and compliance thereof.

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Further treatment or rehabilitation being planned

In your opinion, has the patient

Recovered		Stabilised		Improved		Regressed	

Prognosis

When do you expect the patient to be able to return to work to perform:	
Some duties of his/her job or return to work part time?	
Perform all duties of his/her job?	
Perform any other suitable job?	

How does the patient spend his time at present?

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Further comments

Signature of medical attendant		Date	/ /
Name: (in block letters)			
Qualifications/Speciality			
Practise Number			
Address			
Telephone number			

Your account in accordance to S.A.M.A.'s Guide to Fees for Medical Services must please be sent together with this report to the address below:

NestLife Assurance Corporation (Pty) Ltd
P O Box 2919
Houghton
2041
Tel: 031 304 2770/ 011 783 9112
Fax: 031 304 2779/ 011 783 9262
E-mail to: Donovan@nestlife.co.za