E.CL 5

REPUBLIC OF NAMIBIA SOCIAL SECURITY COMMISSION EMPLOYEES COMPENSATION ACT, 1941

The Chief Executive Officer Social Security Commission Private Bag 13223 Windhoek

Claim	No:	 	 	

*FINAL /PROGRESS MEDICAL REPORT (*Delete which is not applicable)

(Detect which is not applicable)
Surname of injured employee:
(Block Letter)
Name of Employer:
Date of Accident:
Describes any operation (s) procedures carried out and date(s)
Prognosis and further treatment
(a) From what date has the employee been fit for his/her normal work?
(b) On what date is he likely to be fit for his/her normal work?
Has th employee's condition become stabilized?