

WORKMEN'S COMPENSATION ACT, 1977
(43 of 1977)

WORKMEN'S COMPENSATION (FORMS) (AMENDMENT)
REGULATIONS, 1983

(Published on 4th March, 1983)

ARRANGEMENT OF REGULATIONS

REGULATION

1. Citation
2. Insertion of new regulation 15 in S.I. 6 of 1980
3. Addition of new Schedule to principal Regulations

IN EXERCISE of the powers conferred on the Minister of Home Affairs by section 50 of the Workmen's Compensation Act, 1977, the following Regulations are hereby made —

Citation	1. These Regulations may be cited as the Workmen's Compensation (Forms) (Amendment) Regulations, 1983.
Insertion of new regulation 15 in S.I. 6 of 1980	2. The Workmen's Compensation (Forms) Regulations, 1980 (hereinafter referred to as "the principal Regulations"), are amended by inserting therein, immediately before the First Schedule thereto, the following new regulation — "Form of medical certificate in respect of occupational diseases 15. The certificate granted by a medical practitioner under section 15 of the Act in respect of incapacity or death caused by a scheduled disease shall be in the appropriate form set out in the Fourteenth Schedule."
Addition of new Schedule to principal Regulations	3. The principal Regulations are amended by adding thereto, immediately after the Thirteenth Schedule thereto, the following new Schedule —

“FOURTEENTH SCHEDULE

BL FORM D L/WC A

WORKMEN'S COMPENSATION ACT, 1977

(43 of 1977)

(Section 15 (1))

MEDICAL CERTIFICATE IN RESPECT OF INCAPACITY CAUSED BY SCHEDULED DISEASE

To: Commissioner of Workmen's Compensation

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.....
.....

I/We hereby Certify that Mr/Mrs/Miss

.....
full name of (workman)

aged
(age at last birthday or as estimated)

was medically examined by me/us at
.....
(place at which examination conducted)

on
(date on which examination conducted)

and as a result of the examination and on the basis of my/our acquaintance with his/her medical history I am/we are of the opinion that —

(a) he/she is suffering from a scheduled disease, namely,
.....
.....;

(b) he/she is incapacitated as a result of the disease;

(c) the disease was due to the nature of his/her employment, namely,
.....
.....;

(d) the disease was contracted not earlier than

.....

(e) his/her incapacity to work is %.

Remarks:

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.....

DATED this day of, 19.....

Signature(s) of medical
practitioner(s) conducting
examination:

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WORKMEN'S ACT 1977
(43 of 1977)
(section 15 (1))

**MEDICAL CERTIFICATE FOLLOWING POST MORTEM EXAMINATION
IN RESPECT OF DEATH CAUSED BY SCHEDULED DISEASE**

To: Commissioner of Workmen's Compensation

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.....
.....

I/We hereby certify that the body of Mr/Mrs/Miss
(full name of deceased workman)

age
(age at last birthday or as estimated)

who died/I am/we are informed died on
(date or date supplied of death)

was examined as to the cause of death by me/us at
(place at which post mortem examination conducted)

on
(date on which post mortem examination conducted)

and as a result of the examination and on the basis of my/our acquaintance with
his/her medical history I am/we are of the opinion that —

(a) he/she was, at the time of death suffering from scheduled disease, namely,
.....
.....

(b) death was caused by the disease;

(c) the disease was due to the nature of his/her employment, namely,
.....
.....
.....;

(d) the disease was contracted not earlier than

Remarks:

DATED this.....day of, 19.....

Signature(s) of Medical practitioner(s) conducting post mortem examination:

WORKMEN'S COMPENSATION ACT, 1977
(43 of 1977)
(section 15 (1))

**MEDICAL CERTIFICATE IN RESPECT OF DEATH CAUSED BY
SCHEDULED DISEASE WHERE NO POST MORTEM EXAMINATION**

To: Commissioner of Workmen's Compensation

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.....
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.....

I/We hereby certify on the basis of our acquaintance with the medical history of

Mr/Mrs/Miss
(full name of deceased workman)

age
(age at last birthday or as estimated)

Who died/I am/we are informed died on
(date or date supplied of death)

I am/we are of the opinion that —

(b) he/she was, at the time of death, suffering from a scheduled disease,
namely,
.....
.....

(b) death was caused by the disease;

(c) the disease was due to the nature of his/her employment, namely,
.....
.....
..... ;

(d) the disease was contracted not earlier than

Remarks:

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.....

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.....

DATED this.....day of, 19.....

Signature(s) of medical practitioner(s):

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.....”

MADE this 22nd day of February, 1983.

K.L. DISELE,
Minister of Home Affairs.

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