

**MEDICAL INFORMATION FORM IN SUPPORT OF MANDATORY MEDICAL CERTIFICATE****(THIS DOCUMENT DOES NOT REPLACE A MEDICAL CERTIFICATE)****(This form must be completed by hand in full by the treating Medical Practitioner)**

Dear Medical Practitioner

We would appreciate your co-operation in providing the information requested in this form.

This employee, your patient, has exhausted all of the normal sick leave of 36 working days to which he/she is legally entitled for the entire three-year sick leave cycle, and is now requesting additional fully paid Temporary Incapacity Leave, i.e. additional sick leave. In the context of this consultation, should you decide to recommend the granting of sick leave he/she will be required to apply for Temporary Incapacity Leave for the period in question.

Importantly, such Temporary Incapacity Leave is not a right in terms of the Basic Conditions of Employment Act, (BCEA), 1997 as amended, but is essentially an employee benefit, granted solely at the discretion of the Head of Department. Consequently, as part of the consultation and in terms of paragraph 16.4 of the Rules of the Health Professions Act, 1974, we kindly request that you provide this brief report in addition to the standard medical certificate.

Thank you for taking the time to complete the form.

Name of Employee	
Date (s) of consultation	
Specific symptomatology & severity thereof	
Diagnosis and comorbid conditions	
Objective Clinical findings: (e.g. Blood Pressure, Joint damage, Heart failure, Dyspnoea, Bronchospasm)	
Treatment prescribed also including referral or hospitalisation if applicable	
Response to treatment: (if available)	
Impact of the diagnosed medical condition on the individual's current functional capacity and ability to perform required work tasks	
<b>NAME PRINTED</b>	
<b>QUALIFICATIONS</b>	
<b>PRACTICE NO</b>	
<b>SIGNATURE OF TREATING MEDICAL PRACTITIONER</b>	<b>DATE</b>