THE WORKMEN'S COMPENSATION ACT, 1983
(Act No. 7 of 1983)

THE WORKMEN'S COMPENSATION (MEDICAL CERTIFICATION) REGULATIONS, 1983
(Under section 44)

In exercise of the powers conferred by section 44 of the Workmen's Compensation Act, 1983 the Deputy Prime Minister hereby makes the following Regulations —

Citation.

1. The Regulations may be cited as the Workmen's Compensation (Medical Certification) Regulations, 1983 and shall come into force on the 11th November, 1983.

Interpretation.

2. In these regulations unless the context otherwise requires—

"Act" means the Workmen's Compensation Act, 1983;
"Employer" means the employer liable for Compensation under the Act;
"Injury" means injury arising out of an employment accident;
"Report of Accident" means the form prescribed for that purpose in the Workmen's Compensation Regulations, 1983;
and all other expressions shall have the meanings assigned to them under the Act.

Medical certificates.

3. A medical practitioner to whom a workman is referred for examination and treatment under section 29 of the Act shall furnish to the employer a report on a First Medical Certificate in the form prescribed in Part I of the Schedule hereto.

4. Where, in the opinion of the medical practitioner, a workman is no longer incapable of work on account of the injury, he shall furnish to the employer a report on a Final Medical Certificate in the form prescribed in Part 2 of the Schedule hereto. The certificate shall be based on an examination of the workman conducted by the medical practitioner out more than 7 days prior to the date on which the workman is certified as no longer being incapable of work on account of the injury and shall include a statement as to whether the workman has any disablement arising out of the injury.

5. Where a workman remains incapable of work on account of the injury for a period exceeding six months from the date of the accident, the medical practitioner shall, at the request of the Commissioner of Labour, examine the workman and furnish to the employer a report on an Interim Medical Certificate in the form prescribed in Part 3 of the Schedule.

Disability report.

6. Where a medical practitioner certifies on a Final Medical Certificate that the workman is no longer incapable of work on account of the injury but has some disablement arising therefrom or certifies on an Interim Medical Certificate that the workman is likely to remain incapable of work on account of his injury for a further period exceeding twelve months,

he shall furnish to the employer a Disability Report in the form prescribed in Part 4 of the Schedule.

Completion of certificates and reports.

7. Every Medical Certificate and Disableness Report required to be made under these Regulations shall be made within three days of the examination on which it is based, shall be signed by the medical practitioner who conducted the examination and shall show the date of the examination and the date of signing the certificate.

8. Every Medical Certificate and Disability Report required to be made under these regulations shall be completed in four copies three of which shall be sent as soon as possible to the employer and one copy shall be retained by the medical practitioner. The employer shall immediately transmit one copy to the Commissioner of Labour, a copy shall be for the purpose of supporting any claim by the employer against his insurers and the remaining copy shall be retained by the employer and attached to his copy of the relevant Report of Accident.

9. First Medical Certificates, Final Medical Certificates and Disability Report forms shall be issued free of charge to medical practitioners on application to the Commissioner of Labour. Interim Medical Certificates shall be provided by the Commissioner of Labour as and when required.

PART 1

SCHEDULE

FIRST MEDICAL CERTIFICATE
THE WORKMEN'S COMPENSATION ACT, 1983

Name of injured workman
Name of Employer
Accident Report No.
Date of Accident

CERTIFICATE OF MEDICAL PRACTITIONER

I certify that I have examined the workman referred to above and in my opinion he is incapable of work by reason of... and has been so incapable since... His incapacity is due to the injury received in the accident referred to in the Accident Report mentioned above. He is likely to remain incapable of work for a period of... days.

Remarks:

Date of examination
Signature
(Medical Practitioner)
Date of signature
Address

Note: In occupational disease cases please certify whether the incapacity is due to the nature of the employment.
FINAL MEDICAL CERTIFICATE
THE WORKMEN’S COMPENSATION ACT, 1983

PART 2
Name of injured workman .......................................................... Tally or Pay No. ........................................
Name of employer ...........................................................................
Accident Report No. ................................................................. Date of Accident ........................................

CERTIFICATE OF MEDICAL PRACTITIONER

I certify that I have examined the workman referred to above and in my opinion he has remained incapable of work by reason of the injury incurred in the accident referred to above since the date of the First Medical Certificate issued in his case. He shall be fit to return to work on .................................................. (see note below)  
* A Disablement Report is attached  
* He has no disablement arising from the accident.

Remarks ..........................................................................................

Date of examination ................................................................. Signature .................................................................  
Date of signature ........................................................................
Address ......................................................................................

Note
If the period entered here exceeds 12 months a Disablement Report should also be completed.

DISABLEMENT REPORT
THE WORKMEN’S COMPENSATION ACT, 1983

PART 4
Name of injured workman .......................................................... Tally or Pay No. ........................................
Name of employer ...........................................................................
Accident Report No. ................................................................. Date of Accident ........................................

I have examined the workman referred to above and submit the following report —
1. Nature of injuries caused by the accident ..................................................
2. Precise nature of disablement arising from the injuries ..................................
3. Percentage loss of earning capacity arising from the disablement ................... %
4. Is the disablement temporary or permanent? (Disablement which is not likely to improve within 24 months should be deemed to be permanent). ...........

INTERIM MEDICAL CERTIFICATE
THE WORKMEN’S COMPENSATION ACT, 1983

PART 3
Name of injured workman .......................................................... Tally or Pay No. ........................................
Name of employer ...........................................................................
Accident Report No. ................................................................. Date of Accident ........................................
5. If the disablement is temporary —
   for how long is it likely to persist? ________ months (see Note below). Should a
   further examination then be made YES/NO
6. If the workman is 100% permanently disabled, does he need the constant help of
   another person? YES/NO
7. Remarks (including explanation of any apparent inconsistency with the Second
   Schedule of the Act)

Date of examination __________________________ Signature __________________________

Date of signature __________________________

Address __________________________

__________________________________________

__________________________________________

Note

This period should not exceed 12 months for a single assessment and if following
an earlier assessment the periods should not exceed 24 months in aggregate.

A.R. SHABANGU
Principal Secretary.

MBABANE,
26th October, 1983.