



- (a) A claim for non-pecuniary loss (“general damages” or “pain and suffering”) will not be considered unless this report is duly completed and submitted.
- (b) The Road Accident Fund Act (Act No. 56 of 1996) requires this report to be compiled by a medical practitioner, registered in terms of the Health Professions Act (Act No. 56 of 1974).
- (c) The assessment of the serious injury should be conducted in terms of the method provided in the Regulations promulgated under the Road Accident Fund Act.
- (d) Submissions, medical reports and opinions may be submitted as annexures to this report.
- (e) If any section of the form is not applicable, mark that section “N/A”.
- (f) The impairment evaluation reports for Upper Extremities, Lower Extremities and Spine and Pelvis are annexed. If the injury caused an impairment to another body part or system, attach the report specified in the AMA Guides (6th Ed).
- (g) In completing this report, refer to the figures, tables and page numbers from the AMA Guides (6th Ed).

## 1 DETAILS OF PATIENT

Name and Surname

Date of assessment

YYYY/MM/DD

ID Number

Date of accident

YYYY/MM/DD

Claim number (if available)

Contact number

## 2 DETAILS OF MEDICAL PRACTITIONER

Name & Surname

Telephone number

Practice Number (HPCSA and/or BHF)

E-mail address

## 3 LIST OF NON-SERIOUS INJURIES

In terms of the Road Accident Fund Act (Act No. 56 of 1996) and Regulation 3(1)(b)(i) promulgated thereunder, the Minister may publish in the Gazette, after consultation with the Minister of Health, a list of injuries which are for purposes of section 17 of the Act not to be regarded as serious injuries and no injury shall be assessed as serious if that injury meets the description of an injury which appears on the list. Once published, this part must be completed with reference to the list. A copy of the latest version of the list is available at [www.raf.co.za](http://www.raf.co.za). For more information contact the Road Accident Fund at ShareCall-number 0860 235 5523.

Number

Description of injury




## 4 AMA IMPAIRMENT RATING: TO BE COMPLETED IF INJURY IS NOT ON LIST OF NON-SERIOUS INJURIES

4.1 Describe the nature of the motor vehicle accident

4.2 Medical Treatment rendered from date of accident to present

4.3 Current symptoms and complaints

4.4 Diagnosis

4.5 Conclusion regarding Physical Examination

4.6 Conclusion regarding Clinical Studies. (Review and document actual studies and findings from relevant diagnostic studies, Imaging including X-rays, CT,MRI,etc)

4.7 Medical History

4.8 Social and Personal history



## 4 AMA IMPAIRMENT RATING: TO BE COMPLETED IF INJURY IS NOT ON LIST OF NON-SERIOUS INJURIES

4.9 Educational and Occupational history

4.10 Has the patient reached MMI?

4.11 Specify details regarding apportionment, if any

4.12 A clear, accurate, and complete report must be provided to support a rating of impairment with reference to clinical evaluation analysis of findings and discussion of how the impairment rating was calculated.

The following impairment evaluation reports are annexed:

·Annexure A: Upper Extremities (Chapter 15)

·Annexure B: Lower Extremities (Chapter 16)

·Annexure C: Spine and Pelvis (Chapter 17)

4.13 Exceptions

## 5 SERIOUS INJURY: THE NARRATIVE TEST

If the injury is not on the list of non-serious injuries and did not result in 30 per cent Whole Person Impairment, as provided in the AMA Guides, consider whether the injury resulted in any of the consequences set out below. Provide full details. If necessary, support the opinion with reports attached as annexures.

5.1 Serious long-term impairment or loss of a body function

5.2 Permanent serious disfigurement

5.3 Severe long-term mental or severe long-term behavioural disturbance or disorder

5.4 Loss of a foetus



### 6 DECLARATION

I declare that to the best of my knowledge and belief the information and opinions set out in this report are true and correct in every respect.

Signature of Medical Practitioner

OFFICIAL STAMP

Signed at

Date

# ANNEXURE A - UPPER EXTREMITY IMPAIRMENT EVALUATION

Name:			Exam Date:		
ID Number:	Sex: F M	Side: R L	Birth Date:		
Diagnosis:			Injury Date:		

Grade	Diagnosis / Criteria	Assigned Class	Grade Modifier Adjustments	Assigned Dx Grade	Final UEI																								
Digit (D) Wrist (W) Elbow (E) Shoulder(S)		0 1 2 3 4	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td>Net</td> </tr> <tr> <td>GMFH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td>GMPE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td>GMCS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> </table> <p>(Optional: QuickDASH Score: )</p> <p>Net Adjustment = (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX)</p>						Net	GMFH	0	1	2	3	4	GMPE	0	1	2	3	4	GMCS	0	1	2	3	4	$\leq -2$ $-1$ $0$ $+1$ $\geq +2$ A B C D E	
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## Adjustment Abbreviations

S = Shoulder  
 E = Elbow  
 W = Wrist  
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Amputation																									
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Motion		
Joint	Total UEI	Assigned Class
		0 1 2 3 4
		0 1 2 3 4
		0 1 2 3 4
Combined UEI		

Summary	Final UEI
Diagnosis-Based Impairment	
Peripheral Nerve	
Entrapment	
CRPS (Stand-alone)	
Amputation	
Range of Motion (Stand-alone)	
Final Combined Impairment	
Whole Person Impairment	
Regional Impairments	

Signed: \_\_\_\_\_ Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_



# ANNEXURE B - LOWER EXTREMITY IMPAIRMENT EVALUATION

Name:		Exam Date:	
ID Number:	Sex: F M	Side: R L	Birth Date:
Diagnosis:		Injury Date:	

Diagnosis-Based Impairments																													
Gride	Diagnosis / Criteria	Assigned Class	Grade Modifier Adjustments	Assigned Dx Grade	Final UEI																								
Digit (D) Wrist (W) Elbow (E) Shoulder(S)		0 1 2 3 4	<table> <tr><td></td><td></td><td></td><td></td><td></td><td>Net</td></tr> <tr><td>GMFH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>GMPE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>GMCS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> </table> <p>(Optional: QuickDASH Score: )</p> <p>Net Adjustment = (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX)</p>						Net	GMFH	0	1	2	3	4	GMPE	0	1	2	3	4	GMCS	0	1	2	3	4	$\leq -2$ $-1$ $0$ $+1$ $\geq +2$ A B C D E	
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Range of Motion (Stand-alone)	
Final Combined Impairment	
Whole Person Impairment	
Regional Impairments	

Signed: \_\_\_\_\_ Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

## ANNEXURE C - SPINE AND PELVIS IMPAIRMENT EVALUATION

Name:				Exam Date:																																					
ID Number:		Sex: F M	Side: R L	Birth Date:																																					
Diagnosis:				Injury Date:																																					
	Diagnosis-Based Impairments																																								
Grid	Diagnosis / Criteria	Class Diagnosis (CDX)	Grade Modifier Adjustments	Net Adjustment Value and Assigned Grade Modifier	Whole Person Impairment																																				
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Signed:

Date:

Whole Person Impairment: