

 **087 820 1 111**

- (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 completed 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

ID number

Date of accident

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 any 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. For more information contact the Road Accident Fund on 087 820 1 111.

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 percent 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:		

Grid	Diagnosis-Based Impairments	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: Quick DASH Score:) 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	≤ -2 -1 0 +1 $\geq +2$ A B C D E	
					Net																								
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GMFH	0	1	2	3	4																								
GMPE	0	1	2	3	4																								
GMCS	0	1	2	3	4																								
Combined UEI																													

Peripheral Nerve / Entrapments																																	
Nerve	Sensory and Motor Grading	Assigned Class	Grade Modifier Adjustments	Assigned Dx Grade	Combined UEI																												
	Sensory Deficit 0 1 2 3 4 n/a Motor Deficit 0 1 2 3 4 n/a	Sensory Deficit 0 1 2 3 4 Motor Deficit 0 1 2 3 4 n/a	<table border="1"> <tr><td>GMFH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>GMCS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> </table> <table border="1"> <tr><td>GMFH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>GMCS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> </table>	GMFH	0	1	2	3	4	n/a	GMCS	0	1	2	3	4	n/a	GMFH	0	1	2	3	4	n/a	GMCS	0	1	2	3	4	n/a	Sensory: A B C D E Motor: A B C D E	
GMFH	0	1	2	3	4	n/a																											
GMCS	0	1	2	3	4	n/a																											
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Entrapment	Sensory and Motor Grading	Assigned Class	Grade Modifier Adjustments	Assigned Dx Grade																													
	Electrodiagnostics:		<table border="1"> <tr><td>Test</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>History</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>Physical</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> </table>	Test	0	1	2	3	4	n/a	History	0	1	2	3	4	n/a	Physical	0	1	2	3	4	n/a	Average: Functional Grade: Normal Mild Moderate Severe								
Test	0	1	2	3	4	n/a																											
History	0	1	2	3	4	n/a																											
Physical	0	1	2	3	4	n/a																											

CRPS I Impairment																									
Points	Assigned Class	Adjustments	Assigned Grade	Final UEI																					
	0 1 2 3 4	<table border="1"> <tr><td>FH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>PE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>CS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> </table>	FH	0	1	2	3	4	n/a	PE	0	1	2	3	4	n/a	CS	0	1	2	3	4	n/a	A B C D E	
FH	0	1	2	3	4	n/a																			
PE	0	1	2	3	4	n/a																			
CS	0	1	2	3	4	n/a																			

Adjustment Abbreviations

- S = Shoulder
- E = Elbow
- W = Wrist
- H = Hand
- D = Digit
- GMFH = Grade Modifier Functional History
- GMPE = Grade Modifier Physical Examination
- GMCS = Grade Modifier Clinical Studies

Amputation																									
Level	Assigned Class	Adjustments	Assigned Grade	Final UEI																					
	0 1 2 3 4	<table border="1"> <tr><td>FH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>PE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>CS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> </table>	FH	0	1	2	3	4	n/a	PE	0	1	2	3	4	n/a	CS	0	1	2	3	4	n/a	A B C D E	
FH	0	1	2	3	4	n/a																			
PE	0	1	2	3	4	n/a																			
CS	0	1	2	3	4	n/a																			

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	

Motion		
Joint	Total UEI	Assigned Class
		0 1 2 3 4
		0 1 2 3 4
		0 1 2 3 4
Combined UEI		

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:

Table	Diagnosis/Criteria	Assigned Class	Grade Modifier Adjustments	Assigned Dx Grade	Final LEI																								
FA K H		0 1 2 3 4	<table border="1" style="width:100%; border-collapse: collapse;"> <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: AAOS Lower Limb Score: 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	≤ -2 -1 0 $+1$ $\geq +2$ A B C D E	
					Net																								
GMFH	0	1	2	3	4																								
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FA K H		0 1 2 3 4	<table border="1" style="width:100%; border-collapse: collapse;"> <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: AAOS Lower Limb Score: 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	≤ -2 -1 0 $+1$ $\geq +2$ A B C D E	
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GMFH	0	1	2	3	4																								
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GMCS	0	1	2	3	4																								
Combined LEI																													

FA = Foot / Ankle K = Knee H = Hip

FH applied to single highest diagnosis

Peripheral Nerve / CRPS II Impairments																																	
Nerve	Sensory and Motor Grading	Assigned Class	Adjustments	Assigned Dx Grade	Combined LEI																												
	Sensory Deficit 0 1 2 3 4 n/a Motor Deficit 0 1 2 3 4 n/a	Sensory Deficit 0 1 2 3 4 Motor Deficit 0 1 2 3 4	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>FH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>CS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>FH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>CS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> </table>	FH	0	1	2	3	4	n/a	CS	0	1	2	3	4	n/a	FH	0	1	2	3	4	n/a	CS	0	1	2	3	4	n/a	Sensory: A B C D E Motor: A B C D E	
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CRPS I Impairment																										
Points	Assigned Class	Default LEI	Adjustments	Assigned Grade	Final LEI																					
	0 1 2 3 4		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>FH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>PE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>CS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> </table>	FH	0	1	2	3	4	n/a	PE	0	1	2	3	4	n/a	CS	0	1	2	3	4	n/a	A B C D E	
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Adjustment Abbreviations

FA = Foot / Ankle
K = Knee
H = Hip

GMFH = Functional History
GMPE = Physical Exam
GMCS = Clinical Studies

Amputation																										
Level	Assigned Class	Default LEI	Adjustments	Assigned Grade	Final LEI																					
	0 1 2 3 4	12%	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>FH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>PE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>CS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> </table>	FH	0	1	2	3	4	n/a	PE	0	1	2	3	4	n/a	CS	0	1	2	3	4	n/a	A B C D E	
FH	0	1	2	3	4	n/a																				
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CS	0	1	2	3	4	n/a																				

Motion		
Joint	Total LEI	Assigned Class
		0 1 2 3 4
		0 1 2 3 4
		0 1 2 3 4
Combined LEI		

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

Signed: _____

Evaluator (printed name): _____ 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																							
Cervical (C)		0 1 2 3 4	<table border="1"> <tr><td>GMFH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>GMPE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>GMCS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> </table> <p>Net Adjustment = (GMFH – CDX) + (GMPE – CDX) + (GMCS – CDX)</p>	GMFH	0	1	2	3	4	n/a	GMPE	0	1	2	3	4	n/a	GMCS	0	1	2	3	4	n/a	Adjusted Grade = Net Adjustment applied to Default Value C			
GMFH	0	1	2	3	4	n/a																						
GMPE	0	1	2	3	4	n/a																						
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				<table border="1"> <tr><td>≤2</td><td>-1</td><td>0</td><td>+1</td><td>≥2</td></tr> <tr><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td></tr> </table>	≤2	-1	0	+1	≥2	A	B	C	D	E														
≤2	-1	0	+1	≥2																								
A	B	C	D	E																								
Thoracic (T)		0 1 2 3 4	<table border="1"> <tr><td>GMFH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>GMPE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>GMCS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> </table>	GMFH	0	1	2	3	4	n/a	GMPE	0	1	2	3	4	n/a	GMCS	0	1	2	3	4	n/a	Adjusted Grade			
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≤2	-1	0	+1	≥2																								
A	B	C	D	E																								
Lumbar (L)		0 1 2 3 4	<table border="1"> <tr><td>GMFH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>GMPE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> <tr><td>GMCS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr> </table>	GMFH	0	1	2	3	4	n/a	GMPE	0	1	2	3	4	n/a	GMCS	0	1	2	3	4	n/a	Adjusted Grade			
GMFH	0	1	2	3	4	n/a																						
GMPE	0	1	2	3	4	n/a																						
GMCS	0	1	2	3	4	n/a																						
				<table border="1"> <tr><td>≤2</td><td>-1</td><td>0</td><td>+1</td><td>≥2</td></tr> <tr><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td></tr> </table>	≤2	-1	0	+1	≥2	A	B	C	D	E														
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Signed: _____ Date: _____

Whole Person Impairment: _____