Final Report prepared for the Tshiamiso Trust

7 November 2025

Project Commissioned by the Tshiamiso Trust

Evaluation of Alignment Between Standards and Practices used by ODMWA and the Tshiamiso Trust Certification Structures

Professor David Rees and Dr Vanessa Govender

13 October – 7 November 2025

TABLE OF CONTENTS

1. EXECUTIVE SUMMARY

This report was commissioned by the Tshiamiso Trust (the "Trust") to evaluate the alignment of standards and practices used by the certification structures of the Tshiamiso Trust and at the Medical Bureau for Occupational Diseases (MBOD) under the Occupational Diseases in Mines and Works Act (ODMWA). The information on alignment is to aid decisions on the Trust's acceptance of Approved ODMWA Certificates.

Two of the Tshiamiso Trust's Medical Advisory Panel members (the researchers) conducted this evaluation, through a document review, analysis of the source documents, and interviews conducted with a senior representative of each of the ODMWA and Trust certification structures.

Table 1 in Section 7 of this report presents the synthesis of our findings.

Overall, the certification standards in the ODMWA Code of Practice (CoP) and Schedule H are aligned. However, there are differences that impact alignment.

The quantification of the potential impact of the unaligned issues remains uncertain without more in-depth analysis and an estimate of the numbers and proportions of claimants affected.

2. BACKGROUND

The Tshiamiso Trust Deed states in Clause 1.1.6 that "approved ODMWA Certificates" may be "accepted from time to time for the purposes of certification by the Trust of its qualifying diseases *provided that they substantially align* with the criteria for qualifying diseases as stipulated in the Trust Deed and Schedule H". This means that ODMWA certificates could be accepted by the Trust provided the principles (standards and criteria) and practices of ODMWA certification and those of the Trust align substantially.

The ODMWA provides for many diseases not provided for by the Trust, e.g. obstructive airways disease and lung cancer. Consequently, only ODMWA certificates that cover the Trust's qualifying diseases may be accepted. The ODMWA certificates satisfying this condition are first degree silicosis, second degree silicosis, first degree tuberculosis and second-degree tuberculosis.

3. SCOPE OF WORK

Alignment between the standards applied for ODMWA certification and those for Trust certification has not been formally evaluated. Consequently, two members of the Trust's Medical Advisory Panel (MAP), Dr Vanessa Govender and Prof. David Rees (the researchers) under the leadership of Dr Zahan Eloff, were tasked with undertaking this evaluation.

This document is a report of the evaluation which was done in October 2025.

4. METHODOLOGY

The alignment was evaluated by comparing documented standards (criteria) and by interviewing experienced members of the ODMWA certification committee and the Trust's Medical Certification Panel on the application of these standards.

4.1 Document Review

The following source documents were used by researchers on which to base the comparison:

1. Regulations Relating to the Keeping of Registers and Records, Medical Examinations and the Standards Applicable in the Certification of Compensatable Diseases (the ODMWA Regulations 1999) [1]

2. Claimants Agent Submissions on Proposed Amendment 9 of the Tshiamiso Trust Deed, submitted by Richard spoor, 13 August 2025, to the Trustees of the Trust [2]

3. Bowmans (2025). Trust Deed for the Tshiamiso Trust, 5 August 2025 [3]

4. Code of Practice on Medical Examinations and Standards Applicable in the Certification of Compensable Diseases, 1999 [4].

5. MCP and Schedule H. Business Requirement Specification. Version 2.4 (2024) [5]

4.2 Interviews

Structured interviews were conducted between the researchers and one representative from each of the ODMWA and Trust certification bodies. Both representatives had access to the interview schedule ahead of the meeting. The interview with the ODMWA representative was conducted on Tuesday, 14 October 2025, and the Tshiamiso Trust Medical Certification Panel on Thursday, 23 October 2025. Both interviews were conducted online via Microsoft Teams, lasting approximately one hour each, with both researchers in attendance.

See **Annexures 1** and **2** for the ODMWA and Trust interview questions, respectively.

The interview schedule comprised two sections:

- Section A: Silicosis and Spirometry
- Section B: Tuberculosis (TB)

Each section contained six questions.

A summary of the interviews in terms of alignment and unalignment are documented in *Sections 6 and 7 (Table 1)* of this report.

5. ALIGNMENT OF STANDARDS STIPULATED IN THE 1999 ODMWA CODE OF PRACTICE AND IN SCHEDULE H OF THE TSHIAMISO TRUST DEED

Standards for certification of compensatable diseases by the ODMWA certification committee (and the Medical Reviewing Authority) are stipulated in a CoP approved by the Minister of Health and the Department's senior officials in 1999 [4]. This CoP has only minor differences in standards to those published in the Government Gazette of 1998 [1] as a proposed regulation. To our knowledge the regulation was not promulgated; the CoP has been and is still used instead.

Standards for certification by the Tshiamiso Trust are contained in Schedule H of the Trust deed.

It is clear on reading the two documents that Schedule H is based on the CoP; they align in many respects.

Examples of alignment are:

- the grading of pulmonary impairment which are identical for forced vital capacity (FVC) and forced expiratory volume in the first second (FEV_1), and the European Community for Coal and Steel (ECCS) reference equations, are mandated; and,
- the CoP certification of autopsy silicosis for first degree autopsy silicosis is a moderate or large number of islets or massive fibrosis where the sum of the lesions is > 5cms, and second degree is alveolar proteinosis; these same criteria (principles) are in Schedule H for the equivalent silicosis classes, namely Class 2 and Class 3.
- TB in both structures means cardio-respiratory TB.

5.1 Differences Between the ODMWA CoP and Trust Schedule H

There are, however, differences in the ODMWA CoP (´the CoP´) and Trust Schedule (´Schedule H´).

5.1.1 Profusion of silicotic opacities. Schedule H requires a minimum profusion of 1/1 but the CoP does not stipulate this. Notably, though, the 1998 Regulation does in 9 (a) (i). The ODMWA certification committee nevertheless applies the 1/1 standard in practice (*See Section 6 and Table 1 in Section 7 of this report)*

5.1.2 Certification in the absence of spirometry. The CoP stipulates in 9 (ii) a certification of at least first degree silicosis (Trust Silicosis Class 2) at a profusion of 2/or greater or progressive massive fibrosis (PMF) (category not specified) when there are no accompanying lung function tests (LFTs). Schedule H has more detailed standards (see 2.3.4) for certification of Silicosis without spirometry, but only in claimants permanently incapable of providing spirometry due to physical or mental incapacity. Class 2 requires 2/2 profusion and PMF category B; and Class 3 1/1 or greater is accepted but only if accompanied by a range of co-morbidities, PMF category C, for example. (*See Table 1 in Section 7 of this report)*.

5.1.3 Consideration of "other" lung function tests other than spirometry. The CoP permits the consideration by the certification committee of LFTs other than spirometry, such as diffusion capacity and lung volumes.. These are not mentioned in Schedule H. In practice this unalignment is likely to be inconsequential as they are infrequently done by medical practitioners other than pulmonologists and specialist physicians.

5.1.4 FEV_1/FVC ratio. The CoP has FEV_1/FVC as an impairment parameter, Schedule H no longer does. In practice, though, this is not a substantial unalignment: the FEV_1/FVC is rarely used - if at all- in isolation of FVC or FEV_1 in ODMWA certification.

5.1.5 Tuberculosis differences.

a) *Assessing LFT impairment post-tuberculosis treatment*. The CoP in Section 11 (ii) stipulates that late or permanent effects of tuberculosis may be assessed after 12 months of completion of chemotherapy (tuberculosis treatment) – without a post-treatment duration limit - "by clinical examination". The type of "clinical examination" required is not specified.

   The equivalent standard in Schedule H 4.2.1 is that the assessment shall be done at least 12 months and at most 24 months after completion of chemotherapy for tuberculosis, using the spirometry table in Schedule H 4.2.2 for lung function impairment assessment. This means that some claimants, deemed uncertifiable by the Trust because they did not meet the 24-month cut-off, could be certified first or second degree tuberculosis under the ODMWA.

   Further it means that other assessments (clinical examination and chest radiography) may be used under the ODMWA to assess impairment but not under the Trust Deed which allows only spirometry to assess lung function impairment post-TB treatment. This discordance could partly explain some findings in paragraph 30 of the Spoor document [2].

b) Multi-Drug Resistant (MDR) and Extremely-Drug Resistant (XDR) TB. (*See Section 6 and Table 1 in Section 7 of this report)*. In practice the ODMWA and the Trust are aligned. While the CoP is silent on drug resistant TB, the ODMWA certification committee considers MDR-TB as first degree, and XDR-TB as second degree. This is the same as Schedule H.

c) *Diagnosis of tuberculosis*. The ODMWA CoP 11 (i) allows for the diagnosis of tuberculosis to be made on clinical, radiological and laboratory evidence. The same evidence is allowed in the Schedule H [3] and in the document "MCP and Schedule H - Business Requirement Specification" (5) - but with the conditionality in Schedule H that this is in accordance with the National Guidelines for the Management of Tuberculosis in Adults as published by the Department of Health (2014) [6], a conditionality absent from the ODMWA CoP. This conditionality is unlikely to affect alignment.

Additionally, TB diagnosis using non-bacteriological methods is subjective to an extent, e.g. interpretation of radiologic features. Whether this is a cause of unalignment is unknown.

d) *Silicosis with TB (silico-TB)*. Silicosis with TB is certified second degree in the ODMWA CoP. This is irrespective of lung function impairment. Silico-TB is not a qualifying disease in the Trust deed. This difference is not relevant in considering alignment, however, because the Trust does not recognise ODMWA certificates of silicosis and tuberculosis (combined disease) as approved certificates, but assesses these cases on the medical merits according to Schedule H.

5.2 Interpretation of the Findings in Paragraph 30 of the Claimants Agent

The Claimants Agent Document of 13 August 2025 regarding the Proposed Amendment 9 to the Trust Deed of the Tshiamiso Trust [2], presents findings of a comparison of approved ODMWA certificates stipulating silicosis or tuberculosis in the first and second degree, and Trust certifications based on the Trust's own medical evaluations. There was substantial discordance among the 1 558 claimants who had both of these certifications. As the Claimants Agent noted, "this is a strong indication that there is not substantial alignment" between the diagnostic criteria or their application by the two bodies.

The major discordance was between ODMWA first degree silicosis and Trust Silicosis Class 1: of 1 314 claimants certified by the MBOD as first degree silicosis, 79% had Silicosis Class 1 (first degree silicosis should be Silicosis Class 2). One likely explanation is that ODMWA certifies silicosis profusion ≥ 2/2 as first-degree in claimants who do not have certifiable lung function impairment, whereas Schedule H and the Trust's practice has been – and still is - to certify them Silicosis Class 1.

Another notable finding in the Claimants Agents document, was that of 222 claimants certified by the MBOD as first or second degree tuberculosis, 75% had silicosis according to Trust certifications (of whom 39% had Silicosis Class 3). Only 25% had tuberculosis according to the Trust certifications. We do not know the reliability of these findings or the reasons for this pronounced discordance. A possible reason may be that it is well known that when both diseases – silicosis and tuberculosis – may be present, distinguishing between them or assessing that both are present is difficult and subject to the doctors' training, experience and inclination; differences are thus to be expected.

6. ALIGNMENT OF STANDARDS AND PRACTICES – FINDINGS FROM INTERVIEWS

6.1 Interview with ODMWA Representative

ODMWA CoP: The ODMWA certification committee reportedly strictly applies the ODMWA CoP (1999).

Compensability Differences. There are compensability differences between ODMWA and Trust Schedule H, e.g. silicosis 1/1 with normal lung function is Class 1 under the Trust but non-compensable under the ODMWA.

Transition to the Global Lung Initiative (GLI) Reference Standards. The ODMWA certification committee is currently transitioning to the GLI Other reference equations [7].

TB Certification Protocols. ODMWA allows for assessment of lung function impairment, after 12 months after completion of tuberculosis treatment and is less strict on post-treatment timing to ensure claimants are compensated fairly.

Issuance of Silico TB Certificates. Certificates for combined silicosis and TB (silico-TB) are issued under the ODMWA as illustrated in **Annexure 3**, i.e. concurrent silicosis and TB are selected as separate diseases on the CCMS and reflects on the ODMWA certificate as "silicosis, TB", and not silico-TB.

Case Discordance Analysis. This discordance (in 5.2) may be attributed to the reading discrepancies (intra-/inter-reader variability) of analogue and digital CXRs, according to the International Labour Organization (ILO) Classification System (2011, 2022) [8, 9] and lung function interpretations.

6.2 Interview with Tshiamiso Trust Representative

Silicosis Certification Criteria. Confirmed that silicosis cases are only certified if profusion is 1/1 or greater using the ILO CXR standards [9].

Silico-TB not Recognised as Separate Disease. The Trust certifies either TB only or silicosis only. If a case of ODMWA silico-TB certificate is received at the Trust, it would be considered as silicosis.

New GLI Lung Function Equations to be introduced. The Trust has proposed the introduction of the GLI Other reference equations as the basis for calculating predicted lung function values for African claimants. An amendment of the Deed to allow the change from ECCS to GLI reference values is being considered by the parties to the settling agreement.

Alignment of Diagnosis of Non-bacteriologically Diagnosed TB. There may be unaligned aspects when TB is diagnosed using clinical and CXR features in bacteriologically negative claimants.

7. SUMMARY OF THE ANALYSIS DOCUMENTS AND INTERVIEWS

Table 1 provides a consolidated summary of the key source documents and interview findings, together with the researchers' interpretation of their potential implications for unalignment between the ODMWA certification framework and the Tshiamiso Trust's Schedule H standards and practices.

Table 1: Summary of Source Evidence and Researchers' Interpretation of Alignment and its Potential Impact

#	Issue	ODMWA CoP	Schedule H	Aligned/Unaligned	Potential Impact
1	**TB – silica dust exposure as "risk work"**	Risk work > 200 shifts. Exposure to silica dust and/or any other "injurious dusts". TB diagnosis within 12 months of last risk shift.	Risk work for at least 2 years cumulatively. TB diagnosis within 12 months of last risk work.	*Partially unaligned* ODMWA certificates of TB may be accepted by Trust despite < 2 years risk work.	Impact likely to be low due to small numbers certified with < 2 years risk work.
2	**How to assess lung function impairment (LFI[1]) after TB treatment?**	May be evaluated by clinical examination.	Assessed according to the spirometry tables, only.	*Unaligned*	ODMWA may certify first or second degree based on radiography (e.g., severe lung destruction).
3	**When to do LFT after TB treatment?**	12 months after TB treatment completion, but not applied strictly, no post-treatment duration limit.	12-24 months after TB treatment completion, strictly applied	*Unaligned*	Trust could accept ODMWA certificates with impairment based on LFT done outside the Trust 24 month period.
4	**CXR reading standards**	According to the ILO Classification System	According to the ILO Classification System	Aligned, but can be *unaligned* if reading practices differ.	Uncertain

[1] Lung function impairment (LFI) is assessed according to spirometry tables as published in the ODMWA CoP and Schedule H sections 2.2.1 (silicosis) and 4.2.2 (tuberculosis).

#	Issue	ODMWA CoP	Schedule H	Aligned/Unaligned	Potential Impact
5	**Silicosis profusion category 1,** and **mild LFI**	Non-compensable disease (NCD)	Class I	Aligned	Nil
6	**Silicosis profusion category 1 and moderate LFI**	First degree	Class 2	Aligned	Nil
7	**Silicosis profusion category 1 and absent LFT**	NCD but first degree if PMF (any category) present.	Note: additional restrictions and complications as per 5.1.2 above. Class 1 and no complications. Class 3, if complications, such as PMF C.	Class 1 aligned *Class 3 Unaligned* – some ODMWA certificates could be first degree, even though Class 1 or Class 3 under Schedule H.	Uncertain impact. But likely small number of claimants unaligned as complications uncommon
8	**Silicosis profusion category ≥2, absent LFTs, and PMF**	First degree, with any PMF.	Class 2 if PMF B	*Unaligned,* ODMWA is first degree if PMF A.	Uncertain impact
9	**LFI Table (spirometry)**	Includes the ratio	Does not include the ratio	*Unaligned,* in terms of use of ratio	Nil
10	**Reference equations**	ECCS minus 10%	ECCS minus 10%	*Aligned presently*	Theoretically more cases in Class 2 and 3 if GLI Other used by Trust and not ODMWA.
11	**Pericardial-TB**	Cardio-respiratory TB includes pericardial TB in practice, absent in CoP, but defined under ODMWA "Regulations" [1] .	Cardio-respiratory TB, but "pericardial TB" is absent in the manual [5], and no definition provided.	Aligned in practice	Nil
12	**MDR-TB**	Not stipulated	First degree	Aligned in practice	Nil
13	**XDR-TB**	Not stipulated	Second degree	Aligned in practice	Nil

8. DISCUSSION

Overall, there is alignment between the standards and practices applied under the ODMWA framework and those outlined in the Tshiamiso Trust Deed and Schedule H. However, certain areas are unaligned. Examples are silicosis ILO profusion 2/2 or greater is 1st degree irrespective of LFT impairment under the ODMWA, but could be Trust Class 1, and the ODMWA CoP has no cut-off period beyond 12 months for LFT after TB treatment has been completed.

Different technology (e.g. medical monitors versus laptop screens, analogue vs digital X-rays), variability in reading silicosis profusion (e.g. intra-/inter-reader variability), variability in diagnosis and impairment grading of non-bacteriological TB and absence of uniform lung function reference standards may contribute to inconsistent certifications, including some of those documented in the Claimants Agents Report.

It is difficult to quantify the magnitude of these unaligned elements and the contribution to discordance presented in the Agents Report, without examining claimants' medical data and outcome statistics.

Additional consideration related to the acceptance of ODMWA certificates

Silicosis can be a progressive disease. Even if there would have been substantial alignment at the time of ODMWA certification, there may not be as time passes. This unalignment is almost certainly going to be due to more advanced disease and thus increased Class or Degree of Trust certification as the years between ODMWA and Trust certifications increase.

This would be to the disadvantage of claimants should they rely on old ODMWA certificates instead of a new Trust medical evaluation. Progression, if it occurs, is inconsistent in individuals both in pace and extent. The number of years likely to result in unalignment is, thus, not known. Less than five years between ODMWA certification and Trust acceptance would be unlikely to prejudice most claimants, but this timeframe needs to be more formally researched.

9. CONCLUDING COMMENTS

The potential impact of the unaligned issues remains uncertain without more in-depth analysis and ascertainment of actual numbers of cases affected.

Strengthening data exchange, periodic review of diagnostic criteria, analysis of the deviances, and shared interpretation of evolving guidelines between ODMWA and Trust adjudicators could enhance consistency and alignment across both systems.

Some unalignment will persist, however, while the prescribed certification standards under ODMWA and the Trust differ.

10. REFERENCES

1. South Africa. Occupational Diseases in Mines and Works Act No. 78 of 1973. Regulations relating to the keeping of registers and records, medical examinations and standards applicable in the certification of compensatable diseases. Government Gazette No. 19052;17 July 1998.

2. Spoor R. Agent Submissions on Proposed Amendment 9 of the Tshiamiso Trust Deed. 13 August 2025.

3. Bowmans. Trust Deed for the Tshiamiso Trust. 5 August 2025. 2025.

4. Republic of South Africa. Department of Health. ODMWA Code of practice on medical examinations and standards applicable in the certification of compensable diseases [unpublished], (1999).

5. Maritz H. MCP and Schedule H. Business Requirement Specification. Version 2.4. Johannesburg: Tshiamiso Trust; 2024.

6. National Tuberculosis Management Guidelines 2014. Pretoria: National Department of Health; 2014. https://www.tbonline.info/media/uploads/documents/national_tuberculosis_management_guidelines_%282014%29.pdf

7. European Respiratory Society. Global Lung Initiative Calculator [Available from: https://gli-calculator.ersnet.org/.

8. Guidelines for the use of the ILO International Classification of Radiographs of Pneumoconioses. Occupational Safety and Health Series No 22. Geneva: International Labour Organization; 2011. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@ed_protect/@protrav/@safework/documents/publication/wcms_168260.pdf

9. Guidelines for the use of the ILO International Classification of Radiographs of Pneumoconioses Revised edition 2022. Occupational Safety and Health Series No 22. Geneva: International Labour Organization; 2022. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@ed_dialogue/@lab_admin/documents/publication/wcms_867859.pdf

11. ANNEXURES

Annexure 1: Interview schedule – ODMWA representative

Section A - Silicosis and spirometry

1. Is the ODMWA CoP (1999) consistently applied by the MBOD Certification Committee? If no, what are the deviations, as regards TB and silicosis?

2. Does the MBOD apply the minimum 1/1 profusion criterion for silicosis certification?

3. Is the joint condition of pneumoconiosis/silicosis and TB, always recorded as silicoTB or can it be simply silicosis or TB?

4. Please explain the findings in paragraph 30 of the document titled, "Proposed Amendment 9 to the Trust Deed of the Tshiamiso Trust (TT)"? What do you think explains the disagreement between the MBOD certifications and the Trust certification?

5. Does MBOD Certification Committee insist on ECCS x 0.9, i.e. minus 10% adjustment?

Section B - Tuberculosis

1. The TT requires spirometry to be done for TB claimants between 12 and 24 months after TB treatment completion. Does MBOD Certification Committee also require this?

2. The TT awards MDR TB first degree and XDR- TB second degree. Does the MBOD do the same?

3. Where there is underlying pneumoconiosis, e.g. silicosis ILO ≥ 1/1 AND evidence of cardio-respiratory TB, is the claim considered by the Certification Committee as second degree pneumoconiosis and TB?

4. Where there is no clinical / laboratory confirmation of TB, but there is overwhelming evidence of radiological TB with underlying silicosis, is the claim considered by the Certification Committee, as second degree?

5. How is the claim assessed by the MBOD Certification Committee, where silicosis is diagnosed on HRCT AND/OR biopsy, in absence of CXR silicosis?

6. Where there are complications of cardio-respiratory TB due to anti-TB Rx, e.g. hearing loss due to Ethambutol, and no previous submission for TB compensation (e.g. loss of earnings), is the claim considered by the Certification Committee, as first or second degree, or not at all?

7. How does the MBOD Certification Committee assess claims for non-tuberculous mycobacterial (NTM) infections when respirable crystalline silica (RCS) exposure or silicosis is identified as a contributing risk factor?

Annexure 2: Interview schedule - Tshiamiso Trust Medical Certification Panel Representative

Section A - Silicosis and spirometry

1. Is the Trust Deed's Schedule H consistently applied by the TT - MCP? If no, what are the deviations, as regards TB and silicosis?

2. Does the TT MCP apply the minimum 1/1 profusion criterion for silicosis certification?

3. How is the claim assessed by the TT MCP, where silicosis is diagnosed on HRCT AND/OR biopsy, in absence of CXR silicosis?

4. How is the joint condition of pneumoconiosis/silicosis and TB recorded? Is it silicoTB or can it be simply silicosis or TB?

5. The findings in paragraph 30 of the document titled, "Agent Submissions on Proposed Amendment 9 of the Tshiamiso Trust Deed. 13 August 2025", will be explained to the interviewee during the interview. What do you think explains the disagreement between the MBOD certifications and the Trust certifications?

6. Does the TT MCP insist on ECCS x 0.9, i.e. minus 10% adjustment? If not, what reference value does the TT MCP use?

Section B - Tuberculosis

1. The TT requires spirometry to be done for TB claimants between 12 and 24 months after TB treatment completion. Is this done routinely and strictly by the MCP?

2. The TT awards MDR TB first degree and XDR- TB second degree. Is that correct and in practice?

3. Where there is underlying pneumoconiosis, e.g. silicosis ILO ≥ 1/1 AND evidence of cardio-respiratory TB, how is the claim considered by the TT MCP?

4. Where there is no clinical / laboratory confirmation of TB, but there is overwhelming evidence of radiological TB with underlying silicosis, is the claim considered by the TT MCP?

5. Where there are complications of cardio-respiratory TB due to anti-TB Rx, e.g. hearing loss due to aminoglycosides, and no previous submission for TB compensation (e.g. loss of earnings), is the claim considered by the TT MCP?

6. How does the TT MCP assess claims for non-tuberculous mycobacterial (NTM) infections when respirable crystalline silica (RCS) exposure or silicosis is identified as a contributing risk factor?

Annexure 3: Sample of MBOD Second Degree TB, Silicosis Certificate

2025-03-24 10:19:42 22600

O.P.S 004-2326 Verwysing/Ref. No. GW 24/66(MD 369)

REPUBLIEK VAN SUID AFRIKA REPUBLIC OF SOUTH ARFICA

[redacted]

Departement van Gesondheid
Department of Health

Certification Administration

Mediese Buro vir Bedyfsiektes
Medical Bureau for Occupational Diseases
144 De Korte Street
Braamfontein
2001

Certification Date 2025-03-24

Document Number D0791BAA

Navrae / Enquires
Tel: (011) 356 5600
Call Centre: 0801 000 240
Diseases
P.O. Box 4584
Johannesburg
2000

CERTIFICATE OF FINDING

APPLICANT IDENTIFIER:
IDENTITY NO:
COMPANY NO:
INDUSTRY NO:
EXAMINATION ON: 2025-01-13
CLAIM ID:
FINDING ID:

In terms of section 48(1) of the Occupational Diseases in Mines and Works Act, 1973, you are hereby notified that the Medical Certification Committee has found you to be suffering from an Occupational Disease(s), in the SECOND DEGREE.

DISEASE(S) CERTIFIED

Silicosis, Tuberculosis