

GOVERNMENT NOTICE No. 152 published on. 14/3/2025

THE WORKERS COMPENSATION ACT,  
(CAP. 263)

**NOTICE**

*(Made under section 7(1)(c))*

THE WORKERS COMPENSATION (REHABILITATION BENEFIT GUIDELINES) NOTICE,  
2025

WHEREAS, under section 69 of the Act, the Director General is mandated to provide Rehabilitation Benefit to employees who have suffered injuries as a result of occupational accidents or diseases.

AND WHEREAS, in accordance with the Workers Compensation Regulations, 2016, the Minister upon advice of the Board to issue specific regulation for payment of rehabilitation benefits subject to the powers under section 94(1)(h) of the Act to make regulations prescribing any matter which may be or is prescribed under the Act;

AND WHEREAS, subject to the Regulations made by the Minister to that effect, the Director General under section 7(1)(c) of the Act is mandated to issue a Notice prescribing any matter he may deem necessary for the administration of the Act;

NOW THEREFORE, the Director General by this Notice issues Rehabilitation Benefit Guidelines providing the scope, application and manner for provision of Rehabilitation Benefit and services to its beneficiaries in order to assist them in restoring their health, independence and participation in the society.

Citation

1. This Notice may be cited as the Workers Compensation (Rehabilitation Benefit Guidelines) Notice, 2025.

Rehabilitation  
benefit

2. Subject to section 69 of the Act and for the purpose of ensuring efficient administration of the

rehabilitation benefit, the Fund shall provide rehabilitation benefit in accordance with Rehabilitation Benefit Guidelines set out in the Schedule to this Notice.

\_\_\_\_\_  
SCHEDULE  
\_\_\_\_\_

*(Made under paragraph 2)*

WORKERS COMPENSATION FUND REHABILITATION BENEFIT GUIDELINES

WORKERS COMPENSATION FUND



REHABILITATION BENEFIT GUIDELINES

NOVEMBER, 2022

VERSION CONTROL

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**ABBREVIATIONS AND ACRONYMS**

<b>HCP</b>	Health Care Provider
<b>MMI</b>	Maximum Medical Improvement
<b>TZS</b>	Tanzanian Shilling
<b>WCF</b>	Workers Compensation Fund

DEFINITION OF TERMS

“Act”	Means Workers Compensation Act [Cap.263]
“Assistive products”	Means any external product (including devices, equipment, instruments and software), specially used to maintain or improve an individual’s functioning and independence.
“Attendant care”	Means assistance provided to employee with disability to manage their essential and regular care needs.
“Diagnosis”	Means determination of a disease or condition from its symptoms and signs.
“Disability”	Means lack of ability or restriction of ability to perform a task to the level that is considered normal for other human being.
“Employee”	Means an employee who has sustained occupational injury or contracted an occupational disease.
“Health care provider”	Means any person, institution or agency that provides curative health services.
“Maximum Medical Improvement”	Means the point in time at which the condition of an injury or work-related disease of an employee has stabilized and no further recovery or improvement is expected even with additional medical intervention.
“Occupational disease”	Means a disease set out in the Third Schedule to the Act or any other disease that has arisen out of and in the course of the employee’s employment.
“Occupational injury”	Means an injury sustained by an employee as a result of an occupational accident or occupational disease.
“Rehabilitation”	Means combined efforts in the domains of health, education, psychology and work, which are intended to raise the functional level of employee so as to enable them, to take part in the normal life of the community.
“Rehabilitation Practitioners”	Means a group of professionals who collaborate in provision of rehabilitation services.
“Rehabilitation Service Provider”	Means any person, institution or agency that provides rehabilitation services.
“Social Rehabilitation”	Means a complex of measures meant for all persons with a disability in order to cope with limitations arising from their disability or special needs teaching them and developing a person's coping skills with everyday life, improving their possibilities for social participation, supporting their studies and developing prerequisites for partial obtainment or restoration of workability on some level.
“The Fund”	Means the Workers Compensation Fund.
“Vocational Rehabilitation”	Means process which enables persons with impairments or disabilities to maintain or return to employment or occupation.

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## **1.0 INTRODUCTION**

### **1.1 Background**

The Workers Compensation Fund (WCF) was established in accordance with Section 5 of the Workers Compensation Act [Cap.263] for provision of compensation to employees who suffer occupational injuries. Among other benefits, the Fund provides rehabilitation services to its beneficiaries in accordance with Section 3 (b) of the Act in order to assist them in restoring their health, independence and participation in the society. In order to ensure efficient administration of rehabilitation services, the Fund has developed the Rehabilitation Benefit Guideline.

### **1.2 Purpose of the Guidelines**

These Guidelines provide guidance on the provision of rehabilitation benefit as provided in Section 69 (2) of the Act. Specifically, the Guidelines:

- a) Provide guidance for operationalization of rehabilitation services by the Fund;
- b) Provide standards necessary for clinical, vocational and social rehabilitation services;
- c) Set out roles and responsibilities of all stakeholders; and
- d) Define key tools that can be used by stakeholders in the rehabilitation process.

### **1.3 Scope of the Guidelines**

These Guidelines provide procedures for provision of rehabilitation benefit to employees who sustain occupational injuries from enrolment to discharge from rehabilitation plan. For the purpose of these Guidelines, rehabilitation services include clinical, vocational and social rehabilitation.

### **1.4 Rationale of Rehabilitation**

Rehabilitation helps an employee by preventing or reducing health damages, increasing employability and participation to society. The benefits of rehabilitation go beyond employees, other beneficiaries are the Fund, employers and the society at large.



**1.4.1 The Fund**

- (a) Contribute in protection of the labour force to enhance productivity and economic growth;
- (b) Reduces level of disability and hence reduces compensation burden;
- (c) Reduces hospitalisation stay and hence cost; and
- (d) Reputation gain on Funds' services.

**1.4.2 Employee**

- (a) Prevents or reduces employee suffering,
- (b) Promotes healing and reduces impairment,
- (c) Reduces hospital stay and allows employee to return to work more quickly; and
- (d) Enhances self-confidence and mental wellbeing.

**1.4.3 Employer**

- (a) Reduce employee turnover and lost time;
- (b) Increase employee awareness of costs (human and financial) of injuries and illnesses;
- (c) Reduce hiring or training costs;
- (d) Retain experienced employee;
- (e) Improves employee relations and morale;
- (f) Boost overall productivity and company image; and
- (g) Improves labour relation to the workplaces and increase productivity.

**1.4.4 Society**

- (a) Reduce avoidable dependence and poverty in the working age population due to work related injuries and diseases;
- (b) Promotes active participation in social activities like sports or exercises;

- (c) Facilitate in the return to work process; and
- (d) Prevent or reduce long life dependence.

### **1.5 Users of the Guidelines**

- |  |   |
|--|---|
| (a) Workers Compensation Fund;                   | (g) Health Service Providers;             |
| (b) Employers;                                   | (h) Trade Unions;                         |
| (c) Employees;                                   | (i) Employers' associations;              |
| (d) Ministries, Departments and Agencies (MDAs); | (j) Rehabilitation Service Providers; and |
| (e) Health Care Providers;                       | (k) Other stakeholders.                   |
| (f) Rehabilitation Practitioners;                |   |

## **2.0 ROLES AND RESPONSIBILITIES OF KEY STAKEHOLDERS**

### **2.1 Internal Users**

#### **2.1.1 Board of Trustees**

- (a) Approve and Review the Guidelines;
- (b) Allocation of resources;
- (c) Oversee implementation of the Guidelines;and
- (d) Advise the Minister responsible for Social Security on issues related to rehabilitation benefit.

#### **2.1.2 Management**

- (a) Recommend to the Board the developed Guidelines and its subsequent reviews;
- (b) Ensure implementation of the Guidelines;
- (c) Ensure Integrity and confidentiality of records related to rehabilitation benefit; and
- (d) Advise the Board of Trustees on issues related to rehabilitation benefit.

**2.1.3 Director of Assessment Services**

- (a) Recommend to the Management the prepared guidelines and their subsequent reviews;
- (b) Submit to the Management budget estimates for approval and further management;
- (c) Implement Management directives related to rehabilitation benefit;
- (d) Provide implementation reports of rehabilitation benefit to the Management;
- (e) Train staff and other stakeholders on issues related to rehabilitation benefit; and
- (f) Advise the Director General on issues related to rehabilitation benefit.

**2.2 External Users**

**2.2.1 Rehabilitation Service Providers**

- (a) Provide or facilitate provision of rehabilitation services as per agreement;
- (b) Cooperate in planning and execution of rehabilitation plans;
- (c) Identify and address risk factor which may impact successful return to work; and
- (d) Preparation and submission of reports related to rehabilitation service provided.

**2.2.2 Employers**

- (a) Notify the Fund on occurrence of occupation incidence;
- (b) Submit evidence related to occupation incidence;
- (c) Identify and address risk factor which may impact successful return to work;
- (d) Facilitate an employee to access rehabilitation benefit;
- (e) Cooperate with the Fund on activities related to rehabilitation benefit; and
- (f) Participation in a rehabilitation plan to meet the employee's individual needs and circumstances.

### **2.2.3 Employees**

- (a) Notify the Employer/Fund on occurrence of occupation incidence;
- (b) Submit evidence related to occupation incidence and rehabilitation service received;
- (c) Participate in a rehabilitation plan to meet the employee's individual needs and circumstances; and
- (d) Cooperate with the Fund on activities related to rehabilitation benefit.

### **2.2.4 Other Stakeholders**

Participate in the rehabilitation services as per specific needs as related to their expertise or authority.

## **3.0 REHABILITATION BENEFIT**

### **3.1 Rehabilitation**

The rehabilitation services are combined efforts in the domains of health, education, psychology and work, that intend to raise the functional level of employee so as to enable them, to take part in the normal life of the community. Rehabilitation services aim at improving impairment and disability of the employee, increasing their social participation and employability potential to remain productive members of the society. According to Section 69 (2) of the Act, the rehabilitation services provided may consist of-

- (a) Clinical rehabilitation for the purpose of physical and psychological recovery of an employee;
- (b) Vocational rehabilitation to assist an employee to maintain employment, obtain employment, regain or acquire vocational independence; and
- (c) Social rehabilitation to assist in restoring an employee's independence to the maximum extent practicable.

Employee who has sustained occupational accident or disease may apply to the Director General for rehabilitation benefits as stipulated in **Appendix 5**.

### **3.2 Guiding Principles**

Rehabilitation principles guide the rehabilitation professional in developing the plan of care for the individual undergoing rehabilitation. These include-

#### **3.2.1 Person-centred**

A person-centred approach is fundamental to ensure that rehabilitation is an active and enabling process for each individual. It ensures that support is built around a person's own circumstances and responds to the diversity of needs that will be present. Working in this way ensures that people have access to the professional support, advice and intervention they need in order to achieve their personal rehabilitation goals, maximise their independence and exercise control over their social lives.

#### **3.2.2 Focus on Functionality**

Rehabilitation addresses the impact of a health condition on a person's life with a primary focus to return to normal health condition at any stage of life. Fundamentally, rehabilitation focuses on the functioning of an individual; it emphasises on empowering people to manage their health conditions, adjust to their situation and remain active.

#### **3.2.3 Right Service at the Right Time**

Effective rehabilitation necessitates the use of evidence-based interventions, delivered with sufficient dosage to achieve the desired outcomes for a person, and the measurement of outcomes is an essential component of quality rehabilitation. Moreover, time is important in rehabilitation to achieve the greatest benefits. Early commencement of rehabilitation can ensure quick recovery and fasten return to work.

#### **3.2.4 Multidisciplinary Rehabilitation Workforce**

There could be many different rehabilitation services required to an employee following occupational injury or disease. The most common are physiotherapy, occupational, speech and language therapy, audiology, prosthetic and orthotic and

psychological services, among others. Involving multidisciplinary rehabilitation specialists would contribute to maximum achievement of the rehabilitation goals.

### **3.2.5 Promote Adaptation**

To obtain desired results in rehabilitation, there must be an understanding of the overall individual's condition. This understanding must be channelled to support, encourage and build strength and resourcefulness. It is also essential for rehabilitation practitioners to understand that total recovery may not always be the end goal for rehabilitation for many individuals, but rather to maximise function. Therefore, the use of “adaptation” may create more realistic suggestions to the individual to enable them to cope and adjust with alterations, which have occurred following an occupational incident resulting in lifelong changes.

Indeed, reduction in activity, limitations and increase in community participation and reintegration occurs with rehabilitation, yet, creating a sense of adaptation in the patient increases their level of self-confidence and improves their acceptance of their self-image and adjustment to roles following occupational incidents.

### **3.2.6 Need Assessment**

Rehabilitation services require early and ongoing assessment and identification of rehabilitation needs to support timely planning and interventions to improve outcomes and ensure seamless transition. The needs assessment provides evidence to support the development of a rehabilitation plan that is tailored to the client's needs, circumstances and goals. A rehabilitation program that is tailored to an employee's needs and circumstances will yield the best results.

### **3.2.7 Cost-effectiveness and Efficiency**

Rehabilitation is a good investment as it is cost-effective. It shortens hospital stays, decreases readmissions and reduces the risks of secondary complications due to occupational injuries or contracted diseases. By improving a person's ability to participate in everyday life, rehabilitation cuts the costs of ongoing care and support and speeds up the person's return to work. The rehabilitation service providers should ensure maximum optimization of resources in the use of appropriate technology and existing facilities without compromising the quality of service.

**3.2.8 Counselling**

Counselling is the vital aspect of the rehabilitation process throughout all stages that ensure the individual and their support structures have a good understanding of what is going on, in order to set realistic expectations and enables that person to assume responsibility for their health, promotes patient-centred care, and promotes the greatest level of independence in activities and involvement in rehabilitation plans.

**3.3 Access to Rehabilitation Benefit**

**3.3.1 Clinical Rehabilitation**

Access to clinical rehabilitation services will be provided subject to obtaining recommendation from a medical professional as per Medical Aid Benefit Guidelines.

**3.3.2 Vocational and Social Rehabilitation**

Access to vocational and social rehabilitation will consider the following:

- (a) An employee should apply for the required vocational or social rehabilitation service and approved by the Fund.
- (b) Without limiting the generality of subparagraph (a), the Fund may proceed with the provision of vocational or social rehabilitation benefit upon employee's assessment and consent to undertake a rehabilitation program.

The specific conditions for accessing social and vocational Rehabilitation are as follows:

- (i). Employee's need for rehabilitation has been identified;
- (ii). Assessment of the need for rehabilitation has been conducted;
- (iii). The services address the intended goal of rehabilitation;
- (iv). The identified services are cost effective; and
- (v). There should be an individual rehabilitation plan that has been developed and agreed by the parties.

### **3.4 Scope of Rehabilitation Benefit**

#### **3.4.1 Clinical Rehabilitation**

Begins from the time of occurrence of an occupational accident or diagnosis of an occupational disease to when an employee attained Maximum Medical Improvement (MMI). Provided services are integrated to general medical services offered to the employee by medical practitioners at health care facilities. This includes:

- (a) Ambulance services from point of injury to a health facility;
- (b) Clinical consultation;
- (c) Clinical investigation;
- (d) Medicine and medical consumables;
- (e) Surgical services;
- (f) Physiotherapy;
- (g) Hospitalization;
- (h) Imaging studies;
- (i) Optical services;
- (j) Basic dental services;
- (k) Occupational therapy;
- (l) Speech/language therapy;
- (m) Provision of assistive products; and
- (n) Any other health services, which improve the employee's health and enhance participation to social economic activities with the approval the Director General.

#### **3.4.2 Vocational Rehabilitation**

Begins in the course of treatment to when an employee is re-integrated to work and includes;



- a) Vocational training,
  - (i). Tuition fees for respective program;
  - (ii). Research allowance;
  - (iii). Transport cost (Go and Return);
  - (iv). Meal, accommodation and incidental allowances;
  - (v). Training materials;
  - (vi). Personal assistant (reader and sign language translator) depending on the nature of disability;
  - (vii). Field training allowances; and
  - (viii). Training gadgets (Computers with Assistive Technology, braille machine and its papers) depending on the nature of disability.
- (a) Career Guidance;
- (b) vocational assessment;
- (c) Workplace Assessment;
- (d) Functional capacity assessment;
- (e) job analysis;
- (f) Job modification;
- (g) Job Development and Placement;
- (h) Vocational testing;
- (i) Analysis of transferable skills;
- (j) Job-seeking skills training; and
- (k) Any other aspect of Vocational Rehabilitation as recommended and approved by the Director General.

**3.4.3 Social Rehabilitation**

Begins in the course of treatment to when an employee exits a social rehabilitation care plan. The key aspects to be provided to employee sustained occupational injury or disease includes;

- (a) Attendant care;
- (b) Injured employee house modifications;
  - (i). House modifications, grab rails;
  - (ii). Building ramps;
  - (iii). Toilet modification;
  - (iv). Doors adjustments;
- (c) Mobility devices:
  - (i). manual tricycle;
  - (ii). motorised tricycle;
  - (iii). manual wheelchair;
  - (iv). white canes;
  - (v). walking frames; and
  - (vi). crutches.
- (d) Peer to peer counselling;
- (e) Group counselling;
- (f) Family integration;
- (g) Training for independence on the use of assistive products; and
- (h) Any other aspect of social rehabilitation as recommended and approved by the Director General.

### **3.5 Provision of Assistive Products**

Employee who has suffered an occupational injury or disease may require a variety of assistive products, including those for mobility, vision, hearing, communication, and cognition. The provision of assistive products is also a form of rehabilitation and an important component of health care. Most assistive products necessitate assessment, fitting, training, follow-up, and maintenance assistance. It is an important component of the provision process to ensure that the assistive product is well fitted, suitable for the individual, and appropriate for the environment in which they operate. The Fund will provide Assistive Products based on the following:

- (a) The Assistive Product should be within the service package approved by the Fund;
- (b) The Assistive Product should have been prescribed by a qualified medical professional;
- (c) The Fund will refer the employee to the relevant provider for the service;
- (d) A service provider will provide a report to the Fund on service provided and advising on important information pertaining to the use of the Assistive Product;
- (e) A service provider will advise the Fund on maintenance, repair and replacement of the Assistive Product;
- (f) For defective Assistive Product, an employee will notify the Fund for guidance; and
- (g) For lost Assistive Product, an employee will notify the Fund with supporting evidence from the Police for guidance.

### **3.6 Rehabilitation Case Management**

Rehabilitation case management is a collaborative process of assessment, planning, facilitation, care coordination to meet injured employees' needs which entails the following components;

- (a) Rehabilitation case classification;
- (b) Employee's rehabilitation needs assessment;
- (c) Development of Rehabilitation Plan;

- (d) Engagement with the Rehabilitation Provider;
- (e) Provision of the Rehabilitation Service;
- (f) Discharge from rehabilitation plan; and
- (g) Monitoring and evaluation of the rehabilitation plan.

### **3.6.1 Rehabilitation Case Classification**

Rehabilitation case classification will be done by the Fund based on the medical reports issued by the medical practitioner. Depending on the severity of injury or disease, cases are categorised as minor, moderate or severe as stipulated in **Appendix 2**.

### **3.6.2 Rehabilitation Need Assessment**

The employee will undertake initial rehabilitation need assessment, and where necessary, will be subjected to a comprehensive rehabilitation need assessment. The rehabilitation need assessment among others should determine the need to enrol an employee into a rehabilitation plan. Furthermore, willingness of the employee to undertake the rehabilitation will be assessed. Rehabilitation need assessment will be as follows.

- (a) To ascertain if rehabilitation is required, the initial medical report from the HCP will be reviewed within the Fund and initial rehabilitation need assessment checklist will be completed as per **Appendix 1**. Where the information is not enough to make the decision, the Fund may engage relevant service providers or a panel to make a comprehensive rehabilitation need assessment.
- (b) The Fund will advise the employee on the findings of rehabilitation need assessment and seek employee's consent to undertake vocational or social rehabilitation.
- (c) Upon employee consent, the Fund will cooperate with the employee in developing a rehabilitation plan which will be signed by both parties. When the employee withholds his/her consent, no further steps will be taken by the Fund in the provision of rehabilitation benefit.

#### **3.6.2.1 Initial Assessment Report**

The report should include:

- (a) An analysis of the employee's pre-injury duties;
- (b) The need to enrol into rehabilitation;
- (c) Types of rehabilitation an employee should undertake;
- (d) Need for comprehensive assessment;
- (e) Return to work process; and
- (f) Other specific and appropriate assessments such as functional capacity.

#### **3.6.2.2 Comprehensive Assessment Report**

The report should include:

- (a) An analysis of the employee's pre-injury duties;
- (b) The employee's capability of undertaking a rehabilitation;
- (c) The type of rehabilitation that the employee is capable of undertaking;
- (d) The proposed interim and final rehabilitation goals;
- (e) An identification and analysis of potentially suitable alternate duties or other rehabilitation options, if the employee will not be able to return to pre-injury duties in the short or longer term;
- (f) Recommendations about activities to be avoided, restrictions or required modifications;
- (g) Identification of any risk factors for poor rehabilitation outcomes or delayed recovery, and suggestions about how to overcome these risk factors and barriers to return to work;
- (h) Timeframes in which the plan is to be achieved;
- (i) The activities to be provided to achieve rehabilitation goals;
- (j) The treating medical practitioner's opinion on the proposed rehabilitation and associated recommendations; and

- (k) Other specific and appropriate assessments such as functional capacity, ergonomic assessment, work tolerance, transferable skills analysis, vocational assessment or social assessment.

### **3.6.3 Planning for Rehabilitation Service**

The Fund will work with the employee, employee's representatives including a family member, employer, relevant rehabilitation experts and any other stakeholder to draw an appropriate rehabilitation plan for the employee. The rehabilitation plan should:

- (a) Identify the employee's needs for rehabilitation;
- (b) Identify the assessments to be done;
- (c) Identify the services appropriate for those needs;
- (d) Specify the rehabilitation services to be provided to an employee;
- (e) Specify rehabilitation objectives and targets;
- (f) Indicate rehabilitation plan time frame;
- (g) Specify roles for each actor in the plan including a family member and employer;
- (h) Articulate terms and conditions;
- (i) Specify resources required to implement the plan;
- (j) Specify monitoring procedures;
- (k) Foster returns to work; and
- (l) Be signed by the Fund and employee.

### **3.6.4 Engagement with Rehabilitation Provider**

- (a) Criteria for the Fund to engage rehabilitation service providers are:
  - (i). Registration with relevant authorities;
  - (ii). Capacity to offer the intended services;
  - (iii). Requirement of the rehabilitation plan;

- (iv). Geographical location;
  - (v). Cost of service; and
  - (vi). Meeting the minimum Fund's quality assurance assessment score.
- (b) Procedures for the Fund to engage rehabilitation service providers are:
- i. Public service providers will be engaged through their supervising authorities;
  - ii. Private Service providers will be engaged through working contracts signed between the Fund and service providers.

### **3.6.5 Provision of Rehabilitation Service**

- (a) Rehabilitation services shall be provided by the rehabilitation service providers in compliance with the Fund Rehabilitation benefit Guidelines, Rehabilitation Plan, and Service Agreements.
- (b) The employee granted access to the rehabilitation service will be required to follow the rehabilitation plan to its end.

### **3.6.6 Non-Compliance to Rehabilitation Plan**

If the Fund considers that the rehabilitation service provider has breached any term of the service contract or has failed to implement the rehabilitation plan, the Fund may give a thirty days' notice to the rehabilitation service provider specifying the breach. If the breach has not stopped or been remedied within the specified period the Director General may undertake measures as per working contracts.

## **3.7 Quality Assurance**

The Fund will conduct quality assurance audit to the rehabilitation service providers to ensure acceptable quality of services is provided to rehabilitated employee.

## **4.0 MONITORING**

The Director General shall monitor the implementation of the rehabilitation activities and provide as part of the Fund's quarterly performance report to the Board.

## **5.0 REVIEW**

The Guidelines may be reviewed after every three (3) years or at any time when the need arises.

## **6.0 ENDORSEMENT**

These Guidelines shall be cited as “Workers Compensation Fund Rehabilitation Benefit Guidelines” and shall come into effect on the date of approval or as otherwise directed by the Board of Trustees.

The Board of Trustees on this \_\_\_\_\_ day of November 2022 has approved the Guidelines.

\_\_\_\_\_  
**CHAIRPERSON**

\_\_\_\_\_  
**SECRETARY**

## **APPENDICES**

Appendix 1: Rehabilitation Need Assessment Checklist

### **WORKERS COMPENSATION FUND**

#### **REHABILITATION NEED ASSESSMENT CHECKLIST**

First Name..... Middle Name ..... Last Name .....

Date of birth .....Sex ..... Case  
Number.....

Name of Company/ Institution.....Date of Incident .....



TYPE OF INCIDENT:	OAC
	ODS
WORKING DIAGNOSIS:	
IS THE ABOVE DIAGNOSIS CONFIRMED?	YES
	NO
CASE CLASSIFICATION:	MINOR
	MODERATE
	SEVERE
TREATMENT RECEIVED	PREVIOUS CARE:
	CURRENT CARE
DURATION OF TOTAL TEMPORARY DISABLEMENT	<90 DAYS
	≥ 90 DAYS
IS THE ABOVE PRESCRIBED TTD CORRECT?	YES
	NO
PRESENCE OF A CHRONIC ILLNESS	YES
	NO
OCCUPATION:	
THE KIND OF EMPLOYER THAT THE CLAIMANT CAN CONTINUE WITH	SAME EMPLOYER
	DIFFERENT EMPLOYER
	CAN NOT CONTINUE WITH EMPLOYMENT
THE KIND OF JOB THAT THE CLAIMANT CAN CONTINUE WITH	SAME JOB
	MODIFIED JOB
	DIFFERENT JOB

INCOME STATUS	<MINIMUM WAGE
	>MINIMUM WAGE
CAN THE CLAIMANT PERFORM ACTIVITIES OF DAILY LIVING INDEPENDENTLY?	
Personal Hygiene	YES
	NO
Dressing	YES
	NO
Eating	YES
	NO
Maintaining Continence	YES
	NO
Mobility	YES
	NO
TYPE OF REHABILITATION SERVICES RECOMMENDED	CLINICAL
	VOCATIONAL
	SOCIAL

NAME OF AN ASSESSOR: .....

SIGNATURE OF THE ASSESSOR: .....

DATE OF ASSESSMENT: .....

Appendix 2: Case Selection for Rehabilitation Services

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
1	Head	Scalp	Laceration	Min or	No	Yes	No	No	No

*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
		Skull- Calvari um (Occipi tal, Frontal , Tempo ral, Spheno id, Parietal )	Depressed Fracture without neurological symptoms	Min or	No	Yes	No	No	No
			Depressed Fracture with neurological symptoms	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
		Brain	Concussion with reversible brain damage	Min or	No	Yes	No	No	No
			Contused brain with haemorrhage but without interference of psychomotor functions	Min or	No	Yes	No	No	No
			Contused brain with haemorrhage and interference of psychomotor functions	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
		Skull and Brain Combi ned	Depressed fracture with brain haemorrhage and interfered psychomotor functions	Seve re	Yes	Yes	Yes	Yes/ No	Yes /No
		Eyes	Injury to one or both eyes involving eyelids, sclera	Min or	No	Yes	No	No	No

*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
			and cornea healed without visual impairment						
			Injury to one eye healed with cornea scar and visual impairment	Min or	No	Yes	No	No	No
			Penetrating injury to both eyes healed with cornea scars and visual impairment	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Eye injury lead to blindness	Seve re	Yes	Yes	Yes	Yes/ No	Yes /No
			Fracture of the bony socket without eyeball involvement	Min or	No	Yes	No	No	No
		Ears	Bruised external ear (Pinna)	Min or	No	Yes	No	No	No
			Middle ear injury - haemorrhage, ruptured tympanic membrane and inflamed Eustachian tube without hearing loss	Min or	No	Yes	No	No	No
			Middle ear injury - haemorrhage, ruptured tympanic	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No

*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
			membrane and inflamed Eustachian tube with hearing loss						
			Inner ear injury that affects hearing and balance	Severe	Yes	Yes	Yes	Yes/ No	Yes /No
		Nose	Bruised Nose	Minor	No	Yes	No	No	No
			Fracture of Nasal Bones with/without effect on smell	Minor	No	Yes	No	No	No
		Mouth	Bruised Mouth	Minor	No	Yes	No	No	No
			Upper Jaw Fracture with/without loss of teeth	Minor	No	Yes	No	No	No
			Lower Jaw Fracture with/without loss of teeth	Minor	No	Yes	No	No	No
2	Spine Injury	Cervical Spine	Soft Tissue Injury to the neck with/without neurological symptoms	Minor	No	Yes	No	No	No
			Cervical Spine Injury with vertebrae fracture/degeneration/disc changes but without neurological symptoms and/or	Moderate	Yes	Yes	Yes	Yes/ No	Yes /No

*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
			breathing difficulties						
			Cervical Spine Injury with vertebrae fracture/degeneration/disc changes and with neurological symptoms and/or breathing difficulties	Severe	Yes	Yes	Yes	Yes/No	Yes/No
		Thoracic Spine	Soft Tissue Injury to the thoracic spine with/without neurological symptoms	Minor	No	Yes	No	No	No
			Thoracic Spine Injury with vertebrae fracture/degeneration/disc changes but without neurological symptoms	Moderate	Yes	Yes	Yes	Yes/No	Yes/No
			Thoracic Spine Injury with vertebrae fracture/degeneration/disc changes and with neurological symptoms	Severe	Yes	Yes	Yes	Yes/No	Yes/No
		Lumbar Spine	Soft Tissue Injury to the lumbar spine with/without neurological symptoms	Minor	No	Yes	No	No	No

*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
			Lumbar Spine Injury with vertebrae fracture/degeneration/disc changes but without neurological symptoms	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Lumbar Spine Injury with vertebrae fracture/degeneration/disc changes and with neurological symptoms	Seve re	Yes	Yes	Yes	Yes/ No	Yes /No
3	Uppe r Extre mity Injur y	Should er	Bruised shoulder	Min or	No	Yes	No	No	No
			Dislocated shoulder joint without limited ROM nor neurological deficit	Min or	No	Yes	No	No	No
			Dislocated shoulder joint with limited ROM and/or neurological deficit	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Fractured neck of humerus without limited ROM nor neurological deficit	Min or	No	Yes	No	No	No
			Fractured neck of humerus with	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No

*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
			limited ROM nor neurological deficit						
			Amputation at shoulder joint	Seve re	Yes	Yes	Yes	Yes/ No	Yes /No
		Clavicle	Fracture/dislo cation without nerve involvement	Min or	No	Yes	No	No	No
			Fracture/dislo cation with nerve involvement	Min or	No	Yes	No	No	No
		Humer us	Bruised Upper Arm (Humerus)	Min or	No	Yes	No	No	No
			Closed simple/un- displaced Fracture that doesn't require surgical intervention	Min or	No	Yes	No	No	No
			Closed comminuted/d isplaced Fracture that requires surgical intervention	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Open Fracture (simple/un- displaced or comminuted/d isplaced)	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Healed humerus fracture with effects on the ROM of shoulder	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No



*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
			and/or elbow joints						
			Healed humerus fracture with neurological deficit.	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Amputation of the arm at the level between the elbow and shoulder joints	Seve re	Yes	Yes	Yes	Yes/ No	Yes /No
		Elbow	Bruised elbow	Min or	No	Yes	No	No	No
			Dislocated elbow joint without limited ROM nor neurological deficit	Min or	No	Yes	No	No	No
			Dislocated elbow joint with limited ROM and/or neurological deficit	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Amputation at elbow joint	Seve re	Yes	Yes	Yes	Yes/ No	Yes /No
		Radius and Ulna	Bruised Forearm (Radius/Ulna)	Min or	No	Yes	No	No	No
			Closed simple/un-displaced Fracture that doesn't require surgical intervention	Min or	No	Yes	No	No	No
			Closed comminuted	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No

*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
			/displaced Fracture that requires surgical intervention						
			Open Fracture (simple/un-displaced or comminuted/d isplaced)	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Healed radius/ulna fracture with effects on the ROM of elbow and/or wrist joints	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Healed radius/ulna fracture with neurological deficit.	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Amputation of the forearm at the level between the elbow and wrist joints	Seve re	Yes	Yes	Yes	Yes/ No	Yes /No
		Wrist	Bruised wrist	Min or	No	Yes	No	No	No
			Dislocated wrist joint without limited ROM nor neurological deficit	Min or	No	Yes	No	No	No
			Dislocated wrist joint with limited ROM and/or neurological deficit	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No

*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
			Fractured carpal bones without limited ROM nor neurological deficit	Min or	No	Yes	No	No	No
			Fractured carpal bones with limited ROM and/or neurological deficit	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Amputation at wrist joint	Seve re	Yes	Yes	Yes	Yes/ No	Yes /No
		Hand	Bruised hand	Min or	No	Yes	No	No	No
			Closed simple/un-displaced Metacarpals Fracture that doesn't require surgical intervention	Min or	No	Yes	No	No	No
			Closed comminuted/d isplaced Metacarpals Fracture that requires surgical intervention	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Open Fracture of Metacarpals (simple/un-displaced or comminuted/d isplaced)	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Healed metacarpals fracture with	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No

*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
			effects on the ROM of fingers and thumb						
			Healed metacarpals fracture with neurological deficit.	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Amputation of the arm at metacarpal-phalangeal joints	Seve re	Yes	Yes	Yes	Yes/ No	Yes /No
		Thumb	Bruised thumb	Min or	No	Yes	No	No	No
			Closed simple/un-displaced thumb Fracture that doesn't require surgical intervention	Min or	No	Yes	No	No	No
			Closed comminuted/d isplaced thumb Fracture that requires surgical intervention	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Open Fracture of thumb (simple/un-displaced or comminuted/d isplaced)	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Healed thumb fracture with effects on the ROM of thumb	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No

*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
			Healed thumb fracture with neurological deficit.	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Amputation of the thumb at metacarpal-phalangeal and interphalangeal joints	Seve re	Yes	Yes	Yes	Yes/ No	Yes /No
		Fingers	Bruised finger(s)	Min or	No	Yes	No	No	No
			Closed simple/un-displaced finger(s) Fracture that doesn't require surgical intervention	Min or	No	Yes	No	No	No
			Closed comminuted/d isplaced finger(s) Fracture that requires surgical intervention	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Open Fracture of finger(s) (simple/un-displaced or comminuted/d isplaced)	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Healed finger(s) fracture with effects on the ROM of finger(s)	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Healed finger(s)	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No

*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
			fracture with neurological deficit.						
			Amputation of the finger(s) at metacarpal-phalangeal, proximal-interphalangeal and distal-phalangeal joints	Severe	Yes	Yes	Yes	Yes/ No	Yes/ No
4	Trunk Injury	Chest	Soft Tissue Injury	Minor	No	Yes	No	No	No
			Rib Fracture without haemo/pneumo-thorax	Minor	No	Yes	No	No	No
			Rib Fracture with haemo/pneumo-thorax	Minor	No	Yes	No	No	No
			Tear to the diaphragm	Minor	No	Yes	No	No	No
		Abdomen	Soft tissue injury	Minor	No	Yes	No	No	No
			Visceral injury	Minor	No	Yes	No	No	No
5	Lower Extremity Injury	Pelvis	Stable pelvic injury	Minor	No	Yes	No	No	No
			Open book pelvic injury	Severe	Yes	Yes	Yes	Yes/ No	Yes/ No
		Hip	Bruised hip	Minor	No	Yes	No	No	No
			Dislocated hip joint without limited ROM nor neurological deficit	Minor	No	Yes	No	No	No
			Dislocated hip joint with	Moderate	Yes	Yes	Yes	Yes/ No	Yes/ No

*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
			limited ROM and/or neurological deficit						
			Fractured neck of femur without limited ROM nor neurological deficit	Min or	No	Yes	No	No	No
			Fractured neck of femur with limited ROM nor neurological deficit	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Amputation at hip joint	Seve re	Yes	Yes	Yes	Yes/ No	Yes /No
		Thigh	Bruised Thigh	Min or	No	Yes	No	No	No
			Closed simple/un-displaced Fracture that doesn't require surgical intervention	Min or	No	Yes	No	No	No
			Closed comminuted/d isplaced Fracture that requires surgical intervention	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Open Fracture (simple/un-displaced or comminuted/d isplaced)	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Healed femur fracture with effects on the	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No

*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
			ROM of hip and/or knee joints						
			Healed femur fracture with neurological deficit.	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Amputation of leg at the level between the hip and knee joints	Seve re	Yes	Yes	Yes	Yes/ No	Yes /No
		Knee	Bruised knee	Min or	No	Yes	No	No	No
			Dislocated knee joint without limited ROM nor neurological deficit	Min or	No	Yes	No	No	No
			Dislocated knee joint with limited ROM and/or neurological deficit	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Patella fracture without limited ROM nor neurological deficit	Min or	No	Yes	No	No	No
			Patella fracture with limited ROM and/or neurological deficit	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Amputation at knee joint	Seve re	Yes	Yes	Yes	Yes/ No	Yes /No
			Bruised Lower Leg	Min or	No	Yes	No	No	No



*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
		Tibia and Fibula	(Tibia and Fibula)						
			Closed simple/un- displaced Fracture that doesn't require surgical intervention	Min or	No	Yes	No	No	No
			Closed comminuted/d isplaced Fracture that requires surgical intervention	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Open Fracture (simple/undis placed or comminuted/d isplaced)	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Healed tibia/fibula fracture with effects on the ROM of knee and/or ankle joints	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Healed tibia/fibula fracture with neurological deficit.	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Amputation of the leg at the level between the knee and ankle joints	Seve re	Yes	Yes	Yes	Yes/ No	Yes /No
		Ankle	Bruised ankle	Min or	No	Yes	No	No	No
			Dislocated ankle joint	Min or	No	Yes	No	No	No

*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
			without limited ROM nor neurological deficit						
			Dislocated ankle joint with limited ROM and/or neurological deficit	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Fractured tarsal bones without limited ROM nor neurological deficit	Min or	No	Yes	No	No	No
			Fractured tarsal bones with limited ROM and/or neurological deficit	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Amputation at ankle joint	Seve re	Yes	Yes	Yes	Yes/ No	Yes /No
		Foot	Bruised foot	Min or	No	Yes	No	No	No
			Closed simple/un-displaced Metatarsals Fracture that doesn't require surgical intervention	Min or	No	Yes	No	No	No
			Closed comminuted/d isplaced Metatarsals Fracture that requires	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No

*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
			surgical intervention						
			Open Fracture of Metatarsals (simple/un- displaced or comminuted/d isplaced)	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Healed metatarsals fracture with effects on the ROM of fingers and thumb	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Healed metatarsals fracture with neurological deficit.	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Amputation of the leg at metatarsal- phalangeal joints	Seve re	Yes	Yes	Yes	Yes/ No	Yes /No
		Toes	Bruised toes	Min or	No	Yes	No	No	No
			Closed simple/un- displaced toes Fracture that doesn't require surgical intervention	Min or	No	Yes	No	No	No
			Closed comminuted/d isplaced toes Fracture that requires surgical intervention	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Open Fracture of toes	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No

*Workers Compensation (Rehabilitation Benefit Guidelines)*

*GN. NO.152 (Contd.)*

S n .	Body Part Injur ed	Item	Description	Cate gory	Need for Rehabil itation	Medi cal Treat ment	Clin ical	Vocat ional	Soc ial
6	Othe r Injur ies		(simple/un- displaced or comminuted/d isplaced)						
			Healed toes fracture with effects on the ROM of toes	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Healed toes fracture with neurological deficit.	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
			Amputation of the toes	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
		Respira tory	Inhalation injuries without impairment of respiratory functions	Min or	No	Yes	No	No	No
			Inhalation injuries with impairment of respiratory functions	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No
		Shock	Post- Traumatic Stress Disorder (PTSD)	Seve re	Yes	Yes	Yes	Yes/ No	Yes /No
		Poisoni ng (Intoxi cation)	Anaphylactic shock from an insect or snake bite	Min or	No	Yes	No	No	No
		Burn	Burn injuries with less than or equal to 30% TBSA	Min or	No	Yes	No	No	No
			Burn injuries with more than 30% TBSA	Mod erate	Yes	Yes	Yes	Yes/ No	Yes /No



Appendix 3: Rehabilitation Services Progress Report

WCF/PR.F1

WORKERS COMPENSATION FUND  
REHABILITATION SERVICES PROGRESS REPORT  
(To be filled biannually)

PERIOD COVERED: From ..... To ..... (Dates)

PART A: TO BE FILLED BY THE SUPERVISOR

- (1) Name of Employee: .....
- (2) Registration/Claim No. ....
- (3) Service Provider/Institution .....
- (4) Rehabilitation service Proposed: .....
- (5) Place of Rehabilitation (Tick one):

<input type="checkbox"/>	At home
<input type="checkbox"/>	At the institution
<input type="checkbox"/>	At workplace

- (6) Date of starting rehabilitation services: .....
- (7) Planned Date of Completion: .....
- (8) Name of Supervisor.....
- (9) When were you appointed to supervise respective rehabilitation services?  
.....
- (10) If you have just been appointed, did the previous supervisor hand you any report  
of the candidate?      Yes ☐      No ☐      Not applicable ☐
- (11) How often have you met the candidate during the quarter under report? .....  
If you have not met, give reasons: .....
- (12) Progress made so far:

Service provided/Courses Taken	Quarter I	Quarter 2	Final Assessment
--------------------------------	-----------	-----------	------------------


(13) In your opinion, is the candidate making satisfactory progress? Yes/No




Will he/she need an extension? Yes/No.


How long? .....months

Date ..... Signature .....

\*This form should be filled in triplicate.

**Appendix 4: List of Assistive Devices**



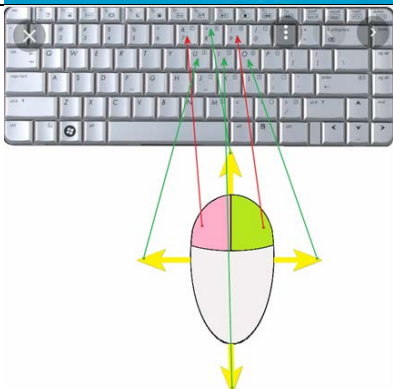
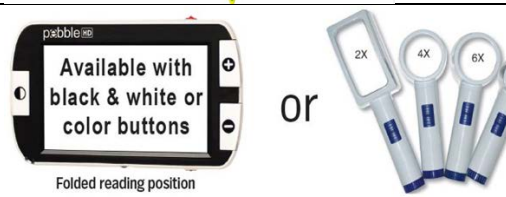
<b>S N</b>	<b>Description</b>	<b>Image</b>	<b>Specificati on</b>
1	Alarm signallers with light/sound/vibrati on		
2	Audio players with DAISY capability		
3	Braille displays (note takers)		



S N	Description	Image	Specificati on
4	Braille writing equipment/brailler s		
5	Canes/sticks		
6	Chairs for shower/bath/toilet		






S N	Description	Image	Specificati on
7	Communication software		
8	Crutches, axillary/elbow		
9	Deaf blind communicators		





S N	Description	Image	Specificati on
10	Fall detectors		
11	Hand rails/grab bars		
12	Hearing aids (digital)and batteries		

S N	Description	Image	Specificati on
13	Hearing loops/FM systems		
14	Incontinence products, absorbent		
15	Keyboard and mouse emulation software		
16	Magnifiers, digital hand-held		

S N	Description	Image	Specificati on
17	Magnifiers, optical		
18	Orthoses, lower limb		

S N	Description	Image	Specificati on
19	Orthoses, spinal		
20	Orthoses, upper limb		
21	Personal emergency alarm systems		


S N	Description	Image	Specificati on
22	Pressure relief cushions		
23	Pressure relief mattresses		
24	Prostheses, lower limb		
25	Ramps, portable		

S N	Description	Image	Specificati on
26	Recorders		
27	Rollators		
28	Screen readers		
29	Spectacles; low vision, short distance, long distance, filters and protection		

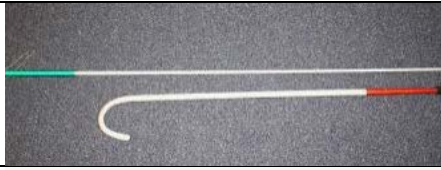



S N	Description	Image	Specificati on
30	Standing frames, adjustable		
31	Therapeutic footwear; neuropathic, orthopaedic		
32	Tricycles		



S N	Description	Image	Specificati on
33	Walking frames/walkers		
34	Wheelchairs, manual for active use		

S N	Description	Image	Specificati on
35	Wheelchairs, manual assistant- controlled		
36	Wheelchairs, manual with postural support		
37	Wheelchairs, electrically powered		

S N	Description	Image	Specificati on
38	White canes		
39	Prosthesis, upper limbs		

**Appendix 5: Form WCC 9 (Rehabilitation Service Application Form)**

<b>APPLICATION PARTICULAR</b>	<b>DESCRIPTION</b>
<b>PERSONAL IDENTIFICATION</b>	
Name	
NATIONAL ID NO.	
Current Address;	
Phone Contact	
E-mail address	
<b>CURRENT EMPLOYMENT If any</b>	
Current employer	
Job title	
<b>REQUESTED REHABILITATION</b>	
Type of rehabilitation (Clinical/Vocational/social	

*Workers Compensation (Rehabilitation Benefit Guidelines)*

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Specific rehabilitation services requested if any (example physiotherapy, tailoring, masonry, wheelchair etc)	
Reasons for the application; what is the usefulness of the requested services to the claimant	
<b>Date of application</b>	
<b>Signature</b>	

Dodoma,  
....., 2025

JOHN K. MDUMA,  
*Director General*