

Medical incapacity certificate

Documentation for medical insurance assessment

Incapacity certificate ordered by:	Personal identity number:
Regarding:	Claim number:
1.	Current claim
2.	Medical diagnosis

Medical incapacity certificate

3.	Is the patient already known?
4.	Existence of other diseases, accidents or injuries

Medical incapacity certificate

5.	Current symptoms
6.	State all current medications

Medical incapacity certificate

7.	Working capacity
8.	Status

Medical incapacity certificate

9.	Current and any planned treatment or assessment

Medical incapacity certificate

10. Prognosis

11. Other

Medical incapacity certificate

12.	Clinic / Department	
	Address	
	Telephone	Email
	Signature and date	Name in block letters

Note that the certificate must be sent to the insurance company that ordered it.