

Medical incapacity certificate

Documentation for medical insurance assessment

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

Medical incapacity certificate

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

Medical incapacity certificate

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| 5. | Current symptoms |
| 6. | State all current medications |

Medical incapacity certificate

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| 7. | Working capacity |
| 8. | Status |

Medical incapacity certificate

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| 9. | Current and any planned treatment or assessment |

Medical incapacity certificate

10. Prognosis

11. Other

Medical incapacity certificate

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| 12. | Place and date of your examination | |
| | Address | |
| | Telephone | Email |
| | Signature and date | Name in block letters |

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