

Medical Certificate



INSURED

First and surname of the insured person	Personal ID code
E-mail	Phone

EXAMINATIONS/ DIAGNOSIS/ MEDICAL TREATMENT

History (by the words of the casualty)

Radiograph No Yes, Date

Description of the radiograph

Other examinations

Were there any signs of intoxication? No Yes

Alcoholic strength in the blood in the first post-traumatic consultation with the doctor pro mille

Diagnosis (related diseases, complications, in case of a brain trauma please state the consultation with a neurologist)

Patient's period of treatment (incl. in-patient medical treatment)

Treatment performed (incl. medical rehabilitation, operations, fixations, punctures)

If the patient has a certificate for sick leave, please state the dates

Doctor Issuing the Certificate	Date
Medical Institution	Phone
Address	Doctor's signature and stamp

The insured reimburses the expenses arising from the issue of the certificate.

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