

# MEDICAL REPORT

Polisnummer \_\_\_\_\_

Groep/Bond

Naam, adres en telefoonnummer:

Lid Naam:

Voornaam:

## *Bericht aan de benadeelden*

Dit ongeval heeft voor u kosten veroorzaakt. U dient dan het geneeskundig getuigschrift door de geneesheer die uw kind heeft onderzocht, te doen aanvullen en er tevens de ingevulde "Uitgavenstaat", in bijlage bij te voegen.

*This part of the document is reserved for the doctor*

(please answer the following questions as accurate as possible)

Day, time and place of the first examination

Date of the accident:

Complete diagnosis of the complaint

Objective, visible symptoms (please point out correctly type, character and seriousness of the injuries as also the injured parts of the body)

Subjective symptoms given by the patient

Date and origin of the injuries according to the injured person

Do the objective symptoms match the probable and improbable causes pointed out by the injured person and do they match the given date. If not, on which conclusions do you rely on?

Can the injured person continue his activities partly or completely?

If not, on which date did he have to stop his activities?

Prognosis: A - Complete recovery  
B - Temporary or permanent incapability  
C - Death

Does the injured person have something that can worsen abnormally the consequences of the accident?  
Previous infirmity.

Do the injuries require constant medical care? Where and by whom?

Is it in the injured person's or the company's interest to hospitalize this person? Why?

Is it in your opinion useful to consult another physician? (specialist, surgeon, radiologist, etc and why?)

Special remarks:

Made up in (place)

on (date)

Name and address of the doctor

Signature of the doctor

- ➔ Gelieve dit document, samen met de uitgavenstaat, bij de ongevalsverklaring te voegen.
- ➔ Geadresseerde:

