medical certificate

et/ias
VERZEKERING

Policy number | 4 | 5 | 1 | 0 | 3 | 2 | 4 | 2 |

1) Full name of attending doctor
(in CAPS please)

Address ....

2) Full name of victim
(in CAPS please)

Address ....

3) Date of accident _____ . _____ . _____

4) Date and time of 1st medical examination _____ . _____ . _____   _____ . _____ o' clock

5) Lesions (indicate nature of injuries and parts of body affected) ....

....

....

....

6) Where is victim receiving treatment? ....

7) Can the victim move about?   ○ yes   ○ no

8) Probable duration of treatment ....

9) Probable consequences of accident?

....

....

....

10) Do you consider that the lesion you have examined was due to the accident described in nox 6? ....

11) Is there any previous condition (disabilities, ailments or diseases) which may lead to complications? ....

If so, specify ....

12) a. Has there been any surgical intervention?   ○ yes   ○ no

Which? ....

In which medical establishment and by which surgeon? ....

b. Has a diagnostic radiography or a radiographic check been taken?   ○ yes   ○ no

Name of radiologist ....

c. Do you wish to refer the case to a specialist?   ○ yes   ○ no

13) Remarks ....

....

....

1) The cost of any special treatment (massage, mecanotherapy, electrotherapy, etc...) will be met by Ethias only when the insurance's prior approval has been obtained. The same provision applies in the case of radiography, except in an emergency.

2) The attending doctor is requested to keep Ethias informed during the evolution of the case and to forward as soon as possible, on loan if necessary, the proofs or protocols of a diagnostic radiography or a radiographic check; any complications should be urgently reported, and the recovery of the patient should be reported as soon as it becomes an established fact.

Drawn up at   on

Signature