

medical certificate

Policy number

Please return this form to:
Ethias - Office for Flanders
Prins-Bisschopssingel 73, B-3500 Hasselt
Tel. 011 28 21 11 - Fax 011 28 20 20
SERVICE 2172

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 _____