

Medical certificate A

Purpose of the certificate

- ☒ Sickness allowance
☐ Statement by the occupational health provider concerning the examinee's ability to remain in work
☐ Other, please specify: _____

Medical certificate A is intended for use in cases where work incapacity is due to a transitory illness. When applying for partial sickness allowance a medical certificate B is used.

The statement concerning the examinee's ability to remain in work should generally be made on medical certificate B if the purpose of the statement is also to offer an assessment of the duration of incapacity. If the purpose of the statement is solely to address the examinee's ability to remain in work, sections 1, 5 and 7 of medical certificate A are to be completed.

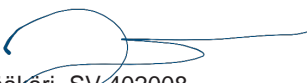
Personal identity code

020297-2278

1 PERSONAL DETAILS	Family name and given names Fazliu Ylli	Telephone +358413177506
	Current job	Occupation Sanomalehdenjakaja
	Principal employer Posti Palvelut Oy	
2 HEALTH STATUS	Main disease, injury or organ donation causing impairment of work capacity Määrittämätön akuutti ylähengitystieinfektio	ICD-10 code J06.9
	Other diseases causing impairment of work capacity	ICD-10 code
		ICD-10 code
	Work incapacity due to	
	<input type="checkbox"/> accident at work	<input type="checkbox"/> leisure time accident
	<input type="checkbox"/> injury due to traffic accident	<input type="checkbox"/> other accident, please specify:
	<input type="checkbox"/> suspected or confirmed occupational disease	
	<input type="checkbox"/> organ or tissue donation, which?	
	Time of examination of the donator	Time of removal of the organ or tissue
3 PERIOD OF INCAPACITY FOR WORK	I consider the examinee to be unfit for work 15 . 07 . 2022 – 16 . 07 . 2022	Date on which work incapacity was determined by a doctor, if not the same as the date of signature. 15 . 07 . 2022
	A medical certificate B is needed at the latest when the number of days for which sickness allowance has been paid out exceeds 60 days.	
4 NEED FOR REHABILITATION	<input checked="" type="checkbox"/> No need <input type="checkbox"/> Patient referred elsewhere for rehabilitation or further assessment of rehabilitation need, where?	
	Recommend	
	<input type="checkbox"/> further assessment of rehabilitation need <input type="checkbox"/> medical rehabilitation <input type="checkbox"/> vocational rehabilitation	
	If medical or vocational rehabilitation is recommended, a medical certificate B or form Kuntoutussuunnitelma vaikeavammaisen lääkinnälliseen kuntoutukseen, KU 207 is needed.	
5 STATEMENT BY THE OCCUPATIONAL HEALTH PROVIDER CONCERNING THE EXAMINEE'S ABILITY TO REMAIN IN WORK	Estimate of remaining work capacity	
	Details of the examinee's ability to remain in work	

The statement by the occupational health physician must include an assessment of the examinee's remaining capacity for work and show the outcome of discussions with the examinee and his/her employer concerning the examinee's ability to remain in work. The statement must be made at the latest when sickness allowance has been paid for 90 working days. Both sections must be completed.

6 ADDITIONAL INFORMATION	Ei soveltu tilapäisiin työjärjestelyihin sairauden luonteen vuoksi.	<input type="checkbox"/> Additional information on a separate sheet
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7 SIGNATURE	I declare that the above information is true and accurate.	
	Date	Physician's signature, stamp or printed name, identification number, speciality and place of work, and phone number
	15.07.2022	 Kätke Minna Yleislääkäri, SV 402008 Mehiläinen Digiklinikka 010414 0112