

Health insurance company or payer		
Surname, first name of the insured person		
		born on
Cost object identifier	Insured person no.	Status
Business premises no.	Doctor number	Date

Certificate of disability1

☐ Initial certificate

☐ Follow-up certificate

☐ Accident at work, consequences of accident at work, occupational disease

☐ Assigned to the transit doctor

Unable to work since

Expected incapacity until last day of work.

Determined on

Contract doctor's stamp/signature of the doctor

Copy for submission to the Health Insurance

Diagnosis(s) justifying AU (ICD-10)

ICD-10 - Code	ICD-10 - Code	ICD-10 - Code
ICD-10 - Code	ICD-10 - Code	ICD-10 - Code

☐ Other accident outcomes

☐ Pension problems (e.g. BVG)

Special measures required.

☐ Services for medical rehabilitation

☐ Gradually Reintegration

☐ Other

For sick pay cases.

☐ From the 7th week or other sick pay instances.

☐ Final certificate