

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 disability

1

- ☐ Initial certificate
- ☐ Follow-up certificate

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

☐ Assigned to the transit doctor

Unable to work since

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Expected incapacity until last day of work.

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Determined on

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Contract doctor's stamp/signature of the doctor

Copy for submission to the Health Insurance

Diagnosis(s) justifying AU (ICD-10)

<small>ICD-10 - Code</small>	<small>ICD-10 - Code</small>	<small>ICD-10 - Code</small>
<small>ICD-10 - Code</small>	<small>ICD-10 - Code</small>	<small>ICD-10 - Code</small>

☐ 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

Information for insured persons about sick pay

Make sure to gather complete proof if you're unable to work. Visit your doctor promptly after your current sick leave ends. Submit any certificates to your health insurance within a week to avoid losing sick pay. For more details, contact your health insurance company.