

Health insurance company or payer

Surname, first name of the insured person

born on

Cost object identifier

Insured person no.

Doctor number

Date

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

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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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Copy for submission to the Health Insurance

Certificate of disability

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Initial certificate

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Follow-up certificate

The specified health insurance company will a certificate immediately the incapacity for work with information about the diagnosis and the expected duration of the Notified of incapacity for work.

Contract doctor's stamp/signature of the doctor

Pattern 1a (1.2018)