FEDERATIE : AFDELING NATUURSPORTEN VZW	NIEUWE	BESTAAND DOSSIER
CLUB:	AANGIFTE	Dossier nr. :

Accident policy 1.113.632

On ___ / __ / __ __ __ __

form for completion by a medical practitioner

M	EDICAL CERTIFICATE				
1)	Name of the attending medical practitioner				
	Adress				
	Dhana nº				
	Phone n° E-mail				
2)	Name of the claimant				
	Adress				
3)	Date of the accident / / / / / / /				
4)	When did you first attend upon the claimant in consequence of the injuries sustained? (date and hour)]	hrs		
5)	What injuries were sustained? (regions injured / nature and extent of injuries)				
	> Does it concern an acute traumatic injury ?	\square yes	☐ no		
	➤ Is there an anamnesis ?	☐ yes	☐ no		
	Could the injury be traceable to any other cause such as an accumulation of a serie of accidents/traumas or a predisposition?	☐ yes	☐ no		
	> Observations :				
6)	Probable duration of the medical treatment				
7)	Will the claimant be unable to attend partially or totally to his usual business or occupation?	ges	☐ no		
	> Totally during days.				
	> Partially during days.				
8)	Is there the necessity of a further examination by a specialist or an X-ray examination?	☐ yes	_ no		
٥,	➤ If so, by whom ?				
9)	Will the accident cause a permanent disablement of may one expect a full recovery?				
4.0	PREVIOUS MEDICAL HISTORY		£		
	Did the claimant at the time of the accident have any physical defect of infirmity or was he subject to only illness of desease irrespective of his injuries?	r suttering	irom		
11) Are you aware of anything in the claimant's previous medical history which might have contributed directly or indirectly to the occurrence of the accident or which may be likely to retard in any way his recovery from it (p.e. previous accidents or complaints i.r.o. similar injuries as those caused by the accident?					
Could this accident possibly be a recurrence ?					
	Signature and seal of the medical p	ractitioner			