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Medical certificate

Reference policy

Ref. policy ....

Employer ....

Initial examination

Date .... / .... / .... Time ....

Place ....

The undersigned doctor

Name and first name ....

Capacity ....

Street .... No .... Post box ....

Postcode .... Town .... Country ....

Has examined the victim

Name and first name ....

Street .... No .... Post box ....

Postcode .... Town .... Country ....

AFTER THE ACCIDENT THAT HAPPENED ON .... / .... / ....

He declares that

1. **the accident has caused the following injuries:**
   (Please indicate the type and nature of the injuries and affected body parts (arm fracture, head or finger contusion, internal injury, suffocation, etc.))

   ....

   ....

2. **which result in or will result in injuries:**
   (Please indicate any certain or likely consequences of the injuries ascertained: death, full or partial permanent incapacity, full or partial temporary incapacity, stating the probable duration of the temporary incapacity.)

   ....

   ....

3. **the incapacity commenced or will commence on:**
   (Please specify whether the incapacity ensues normally from the injury itself, without taking into account any circumstances whatsoever.)

   ....

   ....

   - That the person affected is declared completely unfit for work from .... / .... / .... to .... / .... / ....
   - That the person affected can continue to do his/her current job
   - That adapted employment is possible. The restrictions are the following: ....

   ....

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4. the victim is being cared for:

(Please state where the victim is being cared for.)

....

....

5. Particular observations:

....

....

Drawn up in.., on ....

The doctor (signature)