File number ☐☐☐☐ / ☐☐☐☐☐☐☐ / ☐☐

Policy number 4 5 3 8 9 4 7 8

[B] medical certificate
To be completed by a physician

Doctor (name and address or stamp)

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.....

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Victim (name)

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.....

.....

Date of the accident d d - m m - y y y y

Date of the first medical exam - -

Type of injury

- ☐ Muscle strain
- ☐ Tendon strain
- ☐ Muscle tear
- ☐ Ruptured tendon
- ☐ Bruise (contusion)
- ☐ Strain ([dis]torsion)
- ☐ Arm fracture
- ☐ Dislocation

Part of the body

To report several injuries, you can use the numbers for each injury and body part.

Head and face

- ☐ Head
- ☐ Face
- ☐ Eyes L/R
- ☐ Ears L/R
- ☐ Nose
- ☐ Mouth

Neck and torso

- ☐ Neck L/R
- ☐ Chest/stomach L/R
- ☐ Back L/R
- ☐ Genitals L/R

Upper body parts

- ☐ Shoulder L/R
- ☐ Upper arm L/R
- ☐ Elbow L/R
- ☐ Forearm L/R
- ☐ Wrist L/R
- ☐ Hand L/R
- ☐ Fingers L/R

Lower body parts

- ☐ Hip L/R
- ☐ Lies L/R
- ☐ Upper leg L/R
- ☐ Knee L/R
- ☐ Lower leg L/R
- ☐ Ankle L/R
- ☐ Heel L/R
- ☐ Foot L/R
- ☐ Toes L/R

Other / more

Additional information

1. Do you think that the aforementioned injuries are the result of the accident mentioned above? ◯ Yes ◯ No
2. Has the victim already had the same troubles/injuries in the past?
   - ☐ No
   - ☐ Yes. The victim had not fully recovered (relapse)
   - ☐ Yes. The victim had fully recovered (recurrence)
3. Was there a surgical operation? ◯ Yes ◯ No
4. Expected duration of treatment
   - ☐ None
   - ☐ 1 to 14 days
   - ☐ 5 to 30 days
   - ☐ 1 to 2 months
   - ☐ More than 2 months
5. Do you expect complete recovery? ◯ Yes ◯ No ◯ N/A
6. When do you expect the victim to be able to fully resume his/her sport activity?
   - ☐ At once
   - ☐ 1 to 14 days
   - ☐ 15 days to 2 months
   - ☐ More than 2 months
   - ☐ N/A

Done at on

Physician's signature