

ČSOB Pojišťovna, a. s., člen holdingu ČSOB Masarykovo náměstí 1458, Zelené Předměstí 530 02 Pardubice, Czech Republic phone: 466 100 777, fax: 467 007 444 www.csobpoj.cz, e-mail: PU-zivot@csobpoj.cz



## Medical Report Incapacity for work

Claim number			Personal data of the insured						
		1	Name and surname					Personal identification number	
Details abo	ut incapacity for w	ork							
	or illness leading to		acity for wo	nrk.					
	ncapacity for work:	лпоар	<u> </u>		oity	If not	, please specify the last day.		
and the second s				incapa ork still		NO	. , , , ,		YES
	ncapacity for work, ocapacity for work.	determi	ning cause	and di	agnosis (	according to the	ne International Cla	assificat	ion of Diseases)
Diagnosis number	sapaony for work.								
	atment of multiple of treatment for eac			ne inca	apacity fo	r work, list the	diagnoses includir	ng the fi	nal one and
Diagnosis number	from	to		Course and method of treatment of individual diagnose including rehabilitation.				es,	
			11 4 :		<u> </u>	f	I I a a Ala a Sa a a a a a I I		
the week of p	egnancy, please sta pregnancy on the da e of insurance even	ate		cause	in the past?		Has the insured been incapable for work for the same diagnosis in the past? If so, please state when.		
Date of the la	ast medical check-u	p:			1	the next scheo acity for work s	ulled medical chec utill lasts:	ck-up	
Leaves:	NO YES	from		t	0	froi	m	to	
Has the insur	red been hospitalize	d2 [	NO	YES			nen, where and for discharge report.	what re	ason
	ca been nospitalize	.u							
Has the insur	red followed a treatr	nent re	gimen?	NO	YES	3			
Declaration	s								
declare that confirm that s not due to i perform any v	all the information o the state of health o illness, injury, prever work activity, employ	f the in: itive me	sured corre	sponds ention (	s to the sta or organ/t	ate of incapacit issue donation	y for work, which n temporarily able to	neans th work a	at the insured nd does not
a limited part	•								
Place		Date							1

Doctor's stamp and signature