

ATTESTATION MEDICALE

DOCTEUR:		
ADRESSE:		
Téléphone:		
1.	Nom et prénom du blessé:	
2.	Nom du club auprès duquel il est affilié	BERGSTIJGERS KEMPEN
3.	Date de l'accident:	
4.	Date et heure auxuels vous avez examiné la victime:	
5.	Quelle est la nature des lésions encourues et quelles parties du corps ont été touchées?	
	A.	S'agit-il d'une lésion due à un traumatisme aigu?
		Ya-t-il une anamnèse?
	B.	La lésion peut-elle être due à ou être influencée par un processus progressif ou une prédisposition?
6.	Durée prévue du traitement?	
7.	La victime est-elle totalement ou partiellement incapable d'exercer ses activités normales?	Totalement pendant jours. Partiellement pendantjours.
8.	Estimez-vous que l'intervention d'un radiologue ou d'un spécialiste est indispensable?	
9.	L'accident entraînera-t-il une incapacité permanente ou peut-on espérer le rétablissement complet?	
ANTECEDENTS		
10.	La victime était-elle antérieurement à l'accident mutilée ou atteinte d'une infirmité ou d'une maladie?	
11.	L'anamnèse révèle-t-elle que dans le passé la victime a déjà eu un accident ou présenté des symptômes ayant ou non donné lieu au traitement de lésions du même type que celles que vous avez constatées actuellement?	
	S'agit-il éventuellement d'une récurrence?	

SIGNATURE ET CACHET DU MEDECIN:

DELIVRE A:

EN DATE DU:

MEDICAL CERTIFICATE**The Claimant must obtain at his own expense, the following Certificate from a duly qualified and registered Medical Practitioner.**

Name of the attending Medical Practitioner:		
ADRES:		
Telefoon:		
1.	Name of the claimant in full:	
2.	Name of the club he – she is affiliated with:	BERGSTIJGERS KEMPEN
3.	Date of the accident:	
4.	When did you first attend upon the claimant in consequence of the injuries sustained? (Date and hour):	
5.	What injuries were sustained? (1) Regions injured / (2) Nature and extent of injuries:	
	A.	Are the symptoms from which he / she suffers due to the accident alone?
	OR	
	B.	Are they traceable to any other cause such as an accumulation of a series of accidents or traumas?
6.	Please state your opinion as to the probable duration of the medical treatment.	
7.	Please state your opinion as to the probable period the Claimant will be unable to attend partially or totally to his / her usual business or occupation.	Totally during days. Partially during days.
8.	Please state your opinion as to the necessity of a further examination by a specialist our an X-ray examination.	
9.	In your opinion, will the accident cause a permanent disablement or may one expect a full recovery?	
PREVIOUS MEDICAL HISTORY		
10.	Did the Claimant at the time of the accident have any physical defect or infirmity or was he / she subject to or suffering from any illness of disease irrespective of his – her injuries?	
11.	Are you aware of anything in the Claimant's previous medical history which might have contributed directly or indirectly tot the occurrence of the accident or which may be likely to retard in any way his / her 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:

DATED AT: ON :

Qualification: