arena
YOUR COACH IN SPORTS INSURANCE

FEDERATION : **ROYAL BELGIAN ICE HOCKEY FEDERATION asbl**
Policy n° : **L.O. 1.117.163**

form for completion by a medical practitioner

MEDICAL CERTIFICATE

1) Name of the attending medical practitioner .....

Adress .....

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) ☐☐ / ☐☐ / ☐☐☐☐ at ☐☐ . ☐☐ hrs

5) What injuries were sustained ? (regions injured / nature and extent of injuries)

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- Does it concern an acute traumatic injury ? ☐ 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 ? ☐ yes ☐ 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

- If so, by whom ? .....

9) Will the accident cause a permanent disablement of may one expect a full recovery ?

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PREVIOUS MEDICAL HISTORY

10) Did the claimant at the time of the accident have any physical defect of infirmity or was he subject to or suffering from any illness of desease irrespective of his injuries ?

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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 ? .....

Dated at .....

Signature and seal of the medical practitioner

On ☐☐ / ☐☐ / ☐☐☐☐