



Fee for preparation of the accident report by a doctor is paid by the insured person or an authorised representative of the insured person who is under the age of 15. The insurance company shall settle the expenses incurred to the insuree related to the preparation of the doctor's accident report by increasing the insurance payment by EUR 4,98.

Report of the treating doctor about the accident of the insured person defined on the front page of the accident report	
Treating doctor MUDr. ....	Name and address of the medical facility.....
	..... post code .....
☎ .....	e-mail .....
The treating doctor confirms that the insured ..... birth No. ....	
<input type="checkbox"/> defined on the front page of the report, affected by injury was treated by him/her and a body injury caused by the accident has been identified	
<input type="checkbox"/> (the treating doctor) prepared the accident report based on the medical documentation related to the treatment of the insuree's accident defined on the front page of the report issued by the medical facility .....	
First medical treatment of the injury (according to the medical documentation) took place on (date) ..... at (time) ..... in the medical facility	
..... ☎ .....	
Detailed description of body injury caused by the accident with a definition of its extent and causes .....	
.....	
.....	
Diagnosis of own facility (Slovak - Latin) .....	
.....	
Does the extent of the body injury correspond to the description of the accident on the front page of the form? <input type="checkbox"/> yes <input type="checkbox"/> no Why?.....	
.....	
Can you exclude intentional self-harm of the insuree? <input type="checkbox"/> yes <input type="checkbox"/> no Why? .....	
Method and type of treatment (detailed description of the treatment, define frequency, time and results in case of rehabilitation).....	
.....	
.....	
Finding with description – RTG, MR, CT, Sono.... (complete always if the respective examination was performed).....	
.....	
.....	
Was an arthroscopic examination performed? <input type="checkbox"/> no <input type="checkbox"/> yes What was the conclusion? .....	
.....	
Was an operation performed? <input type="checkbox"/> no <input type="checkbox"/> yes What kind of? .....	
Was the insuree hospitalised? From ..... to ..... Where? .....	
..... Cause? .....	
Actual period for inevitable treatment of injury (incl. complications) from ..... to ..... or assumed according to the identified diagnosis without taking into account personal health variations of the injured person (e.g. physical ability, impact of previous illnesses etc.) .....	
The inability to work (IW) due to injury treatment lasted from ..... to ..... No. of the IW certificate ..... Name of the doctor, address of the medical facility issuing the certificate of inability to work .....	
Was the average period of injury treatment prolonged? <input type="checkbox"/> no <input type="checkbox"/> yes Cause and type of complications (infection, phlebitis etc.) .....	
.....	
Do you assume that the accident will have permanent impacts? <input type="checkbox"/> no <input type="checkbox"/> yes Probably what kind and extent? .....	
.....	
Was the injured part of the body functionally affected before? <input type="checkbox"/> no <input type="checkbox"/> yes How and in what extent? .....	
.....	
Did the accident happen under the influence of alcohol? <input type="checkbox"/> no <input type="checkbox"/> yes What symptoms of drunkenness were identified? .....	
..... % of alcohol found in blood.....	
Did the accident happen under the influence of narcotics or toxic substances, drugs? <input type="checkbox"/> no <input type="checkbox"/> yes What kind of? .....	
.....	

I declare that the mentioned information is correct, complete and reflects the facts.

In ..... on .....

.....  
stamp of the medical facility and signature of the  
treating doctor