

# MEDICAL REPORT



KSA Nationaal vzw  
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Verstuur het geneeskundig getuigschrift samen met een ingevulde ongevalsverklaring naar KSA (**binnen 4 weken na het ongeval**). De uitgavenstaat is voor (de ouders van) het slachtoffer om de medische kosten door te geven via het ziekenfonds van het slachtoffer.

**DRUKLETTERS A.U.B. / CAPITAL LETTERS PLEASE**

Groep: .....  
Groepsnummer: .....  
Naam slachtoffer (of kleeftbriefje ziekenfonds): .....  
.....  
.....

Vorbehouden aan de verzekeringsmaatschappij  
Referte KSA: .....  
Ontvangen op: .....  
Referte IC: .....  
Polisnummer: .....

**DIAGNOSIS TO BE COMPLETED BY PHYSICIAN**

*This part of the document is reserved for the physician (please answer the following questions as accurate as possible)*

Date of the first examination: ..... / ..... / ..... Time of the first examination: .....

Place of the first examination: .....

Date of the accident: ..... / ..... / .....

Complete diagnosis of the complaint: .....

.....

Objective, visible symptoms (please point out correctly type, character and seriousness of the injuries as also the injured parts of the body): .....

.....

Subjective symptoms given by the patient: .....

.....

Date and origin of the injuries according to the injured person: ..... / ..... / ..... - .....

.....

Do the objective symptoms match the probable and improbable causes pointed out by the injured person and do they match the given date. If not, on which conclusions do you rely on? .....

.....

Can the injured person continue his activities partly or completely? .....

If not, on which date did he have to stop his activities? ..... / ..... / .....

Prognosis: A - Complete recovery / B - Temporary or permanent incapability / C - Death

Does the injured person have something that can worsen abnormally the consequences of the accident? Previous infirmity. ....

.....

Do the injuries require constant medical care? Where and by whom? .....

.....

Is it in the injured person's or the company's interest to hospitalize this person? .....

Why? .....

Is it in your opinion useful to consult another physician? (specialist, surgeon, radiologist, etc and why?) .....

.....

Special remarks: .....

Made up in (place) ..... on (date) ..... / ..... / ..... Signature of the physician  
Name and address of the physician