

DETAILED MEDICAL REPORT

Regulation (EEC) No 1408/71: Articles 39 to 41; Article 43a; Article 87

1.1	Institution to which the report is addressed
1.1.1	Name:
1.1.2	Address ⁽²⁾ :
1.1.3	Reference:

1.2.	Person examined
1.2.1	Surname ⁽³⁾ :
1.2.2	Forenames:
	Previous names ⁽³⁾ :
	Place of birth ⁽⁴⁾ :
1.2.3	Date of birth:
	Sex:
	Nationality:
	Identification No ⁽⁵⁾ :
1.2.4	Address ⁽²⁾ :
1.2.5	Last occupation ⁽⁶⁾ :
1.2.6	Insurance No:
1.2.7	Pension No:
1.2.8	File No:
1.2.9	Date of submission of pension claim:
1.2.10	Date of submission of request on grounds of aggravation:

1.3	Doctor who drew up the report
1.3.1	Surname:
	Forenames:
1.3.2	Address ⁽²⁾ :
1.3.3	Examining doctor of ⁽⁷⁾ :

1.4	Institution which requested the examination		
1.4.1	Name:		
1.4.2	Address ⁽²⁾ :		
1.4.3	Reference No of file:		
1.4.4	Stamp	1.4.5	Date:
		1.4.6	Signature:

Surname, Forenames Date:

2.1 Opinion based on the own examination of (date):

2.2 Opinion based on medical report of (date):

3. Patient's history

3.1 Medical history:

3.2 Current chief complaints:

3.2.1 Doctor currently treating the patient:

3.3 Current treatment:

3.4 Social and employment history ⁽⁶⁾:

3.4.1 Is the insured person currently gainfully employed?

Yes No Number of working hours:

Type of actual employment:

3.4.2 Accidents at work/occupational diseases:

3.4.3 Type of last employment:

3.4.4 Unfit for work Since

Cessation of work on

4. Findings

4.1 General conditions

Height: cm Weight: kg

Nutrition condition: good overweight underweight

Mucous membranes:

Skin:

Mental status, mood:

Remarks:

4.2 Head:

4.2.1 Vision:

4.2.2 Hearing:

4.2.3 Other sensory organs:

4.3 Neck (external findings):

4.3.1 Review of thyroid gland:

4.3.2 Lymphatic nodes:

4.3.3 Others:

4.4 Respiratory organs:

4.5 Circulatory system:

4.5.1 Heart:

4.5.2 Pulse:

4.5.3 Blood pressure (at rest):

4.5.4 Blood pressure (second measurement):

4.5.5 Peripheral blood vessels:

4.5.6 Oedema:

4.5.7 ECG (at rest):

Surname, forenames: Date:

4.6	Abdomen:
4.6.1	Digestive system and linked intra-abdominal organs:
4.6.2	Liver:
4.6.3	Spleen:
4.6.4	Endocrine system:
4.7	Genito-urinary system: [See page 4 - Diagrams]
4.8	Locomotor system (if necessary use Neutral-0 method, page 4):
4.8.1	Spine:
4.8.2	Upper limbs:
4.8.3	Lower limbs:
4.9	Presence of lymphatic nodes:
4.10	Neurologic findings Movement (power and tone) ⁽⁸⁾ : <input type="checkbox"/> unremarkable <input type="checkbox"/> stiff <input type="checkbox"/> slowed <input type="checkbox"/> weak Gait: <input type="checkbox"/> unremarkable <input type="checkbox"/> ponderous <input type="checkbox"/> impaired on right <input type="checkbox"/> impaired on left Reflexes:
4.11	Psychoautonomic symptoms or psychologically determined physical symptoms:
4.12	Other (Allergies, etc.):

5.	Function and other tests (when necessary)
5.1	Lung function:
5.2	Cardiac function/exercise ECG:
5.3	Doppler ultrasonography (Heart and vessels):
5.4	Imaging studies (please specify date):
5.4.1	Findings in today's X-rays examination:
5.4.2	Earlier findings/X-ray examinations done elsewhere:
5.4.3	Ultrasonography (abdomen et al):
5.4.4	MRI and special investigations:
5.5	Laboratory results:
5.6	Other tests:

6. Additional sheet for further specialists' findings (shall be completed only if relevant).

7. Diagnosis:
(ICD code recommended)

DIAGRAMS

Surname, forenames: Date:

8. Summary:

Course of disease:

Damage to health:

Functional deficits:

Compared with previous report (dated)

improvement worsening no change

9. The insured person is still capable of regularly performing the following types of work:

heavy

average

light

10. The following restrictions should be taken into account

10.1 Work can only be performed without

<input type="checkbox"/> Damp	<input type="checkbox"/> Cold
<input type="checkbox"/> Heat	<input type="checkbox"/> Noise
<input type="checkbox"/> Smoke, gases, vapours	
<input type="checkbox"/> Shifts	<input type="checkbox"/> Nightshifts
<input type="checkbox"/> Frequent bending, lifting, carrying objects	
<input type="checkbox"/> Climbing ramps, ladders or stairs	<input type="checkbox"/> Danger of falling

10.2 Work can only be performed under the following conditions

<input type="checkbox"/> Only in seated positions	<input type="checkbox"/> Only with additional breaks
<input type="checkbox"/> Only indoors	(in addition to the usual breaks)
	number and length of breaks
<input type="checkbox"/> Work with varying body posture	<input type="checkbox"/> Work varying between walking, standing, sitting
<input type="checkbox"/> Work only without particular time pressure	

10.3 The work performance is reduced because the insured person is restricted in using his/her sensory organs, hands etc.

.....

is allergic to

11. Additional questions

11.1 Can the insured person do video-screen work?

Yes No

If 'No' please specify the reason:

11.2 Can the insured person work without the support of another person at the working place?

Yes No

11.3 Can the insured person work without the support of another person at home?

Yes No

If 'No' please specify the reason:

Surname, forenames Date:

11.4 Can the insured person work full time in his/her last occupation as
 Yes No
 If 'No' please specify maximum working time (in hours or percentages of a working day):

11.5 Can adapted work be performed?
 Yes No
 If 'Yes' please indicate some examples of adapted work

11.6 Can adapted work be performed full time?
 Yes No
 If 'No' specify maximum working time (in hours or percentages of a working day):

11.7 The invalidity for the last occupation is, under the legislation of the country of residence,
 total partial
 If partial, indicate the degree:
 (Does not concern Germany, the Netherlands and Poland)

11.8 Degree of invalidity for any other work with reference to the aptitudes of the person concerned under the legislation of the country of residence:
 (Does not concern Germany, Ireland, Luxembourg and the Netherlands)

11.9 Category of invalidity under the legislation of the country of residence:
 (Complete only if the medical examination was carried out with a view to the decision to be taken on a disability or invalidity pension claim).
 (Does not concern Germany and the Netherlands).

11.10 The established restrictions:
 have been permanent since
 are temporary, from to

11.11 Would it be possible to improve the present state of health?
 Yes No No answer possible
 If 'Yes' indicate the measures:

11.12 Are there possibilities to ameliorate the work capacity through
 medical training?
 vocational training?
 Yes No No answer possible

12. Is re-examination necessary in the future?
 Yes No
 If 'Yes' please state when:

Stamp Date:
 Doctor's signature:

INSTRUCTIONS

**Please complete this form in block letters or typewriting
It consists of seven pages, none of which may be left out even if it does not contain any relevant information.**

NOTES

- (¹) BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = The Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (²) Street, number, post code, town, country, telephone number.
- (³) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (⁴) In the case of Portuguese districts state also the parish and the local authority.
- (⁵) Where the form is being sent to a Czech institution, state the birth number; to a Cypriot institution, if a Cypriot national state the Cypriot identification number, if not a Cypriot national state the Alien Registration Certificate (ARC) number; to a Danish institution, indicate the CPR number; to a Finnish institution, indicate the population register number; to a Swedish institution, indicate the personal number (personnummer); to an Icelandic institution, indicate the personal identification number (kennitala); to a Liechtenstein institution, indicate the AHV insurance number, to a Lithuanian institution state the personal identification number, to a Latvian institution, state the identity number; to a Hungarian institution state the TAJ number; to a Maltese institution, in the case of Maltese nationals, state the identity card number, or, if not a Maltese national, state the Maltese social security number; to a Norwegian institution, indicate the personal identification number (fødselsnummer); to a Belgian institution, indicate the national social security number (NISS); to a German institution of the general pension insurance scheme, indicate the insurance number (VSNR) and to an institution of the social security scheme for civil servants, indicate the personal identification number (PRS-Kenn-Nr; for the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card (DNI) or N.I.E in the case of foreign people, for both cases if it exists, even if the identity card is out of date, failing this, state 'None'; to an Austrian institution, state the Austrian insurance number (VSNR); to a Polish institution, state the reference number of the pension file for the person who applied for or had established the right to a pension from the Polish social security system, for persons applying for a Polish pension for the first time, state PESEL and NIP or NKP number (NKP number — if the person concerned is subject to social insurance for farmers), if there is no such number state the series and number of identity card or passport; to a Portuguese institution, indicate also the registration number with the general pensions scheme, if the person concerned has been insured under the social security scheme for civil servants in Portugal; to a Slovak institution, state the birth number; to a Slovene institution, state the personal identification number (EMŠO); to a Swiss institution, state the AVS/AI (AHV/IV) insurance number.
- (⁶) Please list as far as possible all the occupations in which the insured person has worked. This information is given after the statement of the person concerned. Where necessary, insert extra pages.
- (⁷) Not relevant for Norway.
- (⁸) For the purposes of Polish institutions please complete point 1 on the 'Additional page No 4'.