

**MEDICAL REPORT RELATING TO INCAPACITY FOR WORK  
(SICKNESS, MATERNITY, ACCIDENT AT WORK, OCCUPATIONAL DISEASE)**

*Regulation (EEC) No 1408/71: Article (19)(1)(b); Article 22(1)(a)(ii); (1)(b)(ii); (1)(c)(ii); Article 25(1)(b); Article 52(b); Article 55(1)(a)(ii); (1)(b)(ii) and (1)(c)(ii)*

*Regulation (EEC) No 574/72: Article 18(2) and (3); Article 24; Article 26(5) and (7); Article 61(2) and (3); Article 64; Article 65(2) and (4)*

*To be completed by the doctor of the institution which draws up an E 115 form to be attached to that form and sent under sealed cover in the case of sickness or maternity<sup>(2)</sup>.*

**Please complete this form in block letters, writing on the dotted lines only. The form consists of three pages.**

1.	Competent institution to which the form is addressed
1.1	Name: .....
1.2	Identification number of the institution: .....
1.3	Address: ..... .....
1.4	Reference: our E 116 form of ..... (date)

2. Attached to an E 115 form of ..... (date)

3.	The person concerned
3.1	Surname(s) <sup>(3)</sup> : ..... .....
3.2	Surname(s) at birth (if different): ..... .....
3.3	Forenames: ..... Date of birth: ..... .....
3.4	Address in the country of residence or stay: ..... .....
3.5	Personal identification number: ..... .....

4. I, the undersigned, ..... doctor of medicine,  
having examined the person mentioned above  
on .....

4.1 consider that it is  
☐ case of sickness ☐ case of maternity (expected date of confinement: ..... )

4.2 that it is probably  
☐ an accident at work ☐ an occupational disease ☐ an accident

4.3 ☐ a relapse or aggravation

**A. General report**

5.	To be completed in every case
5.1	Medical history and present symptoms: .....
5.2	Clinical examination: .....
5.3	Other observations: .....
5.4	Special examinations <sup>(4)</sup> : .....
5.5	Diagnosis: .....
5.6	Conclusions: .....
5.7	<input type="checkbox"/> The person concerned has not been found to be unfit for work
5.8	<input type="checkbox"/> The person concerned has been found to be unfit for work from ..... to .....
5.9	<input type="checkbox"/> The person concerned has been found partly unfit for work to a degree of (..... %) from ..... to ..... <sup>(5)</sup>
5.10	<input type="checkbox"/> The person concerned will be given a further medical examination on .....
5.11	<input type="checkbox"/> The person concerned should be fit for work on .....

**B. Reports in the case of an accident at work**

6.	First medical report
6.1	This accident has resulted in the following injuries <sup>(6)</sup> : .....
6.2	These injuries <input type="checkbox"/> have had <input type="checkbox"/> will have the following effects <sup>(7)</sup> .....
6.3	Incapacity for work began on .....
6.4	The injured person is being treated <input type="checkbox"/> at home <input type="checkbox"/> at the doctor's surgery <input type="checkbox"/> in hospital <input type="checkbox"/> elsewhere Address <sup>(8)</sup> : .....

7.	Latest medical report
7.1	Treatment ended on: .....
7.2	Injuries stabilised on: .....
7.3	<input type="checkbox"/> with complete recovery
7.4	<input type="checkbox"/> and will probably have the following consequences: ..... ..... .....
7.5	Detailed description of the victim's condition after recovery or at the end of medical treatment: ..... ..... ..... .....

8.	Institution in the place of residence or stay:	
8.1	Name: .....	
8.2	Number of the competent institution: .....	
8.3	Address: ..... .....	
8.4	Stamp	8.5 Date: .....
		8.6 Signature: ..... .....

### NOTES

- (<sup>1</sup>) Symbol of the country of the institution completing the form: 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 = 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. Indicate the type of examination and the date.
- (<sup>2</sup>) Form E 116 is not required for claims for maternity benefits payable by Belgium. *For Belgium, this form should always be sent first to the Belgian institution competent as regards sickness insurance. In the Czech Republic, Liechtenstein, Finland, Norway and Sweden the form is filled in by the doctor the person concerned is visiting and verified by the insurance institution.*
- (<sup>3</sup>) Give the full surname in the order of civil status.
- (<sup>4</sup>) Indicate the type of examination and the date.
- (<sup>5</sup>) For the purpose of Norwegian institutions.
- (<sup>6</sup>) Indicate the type and nature of the injuries and the part of the body injured: fracture of arm, bruising of head, fingers, internal injuries, asphyxia, etc.
- (<sup>7</sup>) Indicate the certain or probable consequences of the injuries verified: death, permanent or temporary incapacity, total or partial; in the case of temporary incapacity, indicate the probable duration.
- (<sup>8</sup>) If the injured person receives treatment in hospital, please give name of hospital.