To be completed by the attending physician

Confidential medical certificate

After completion of the signed declaration by the attending physician, the insured must return it immediately and within the period stated in the general terms and conditions to customercare@nn.be **(NN Insurance Belgium NV - Customer Care, for the attention of the advising physician).**

1. Personal details of the insured person

Surname and first name:

Date of birth: Sex: ○ M ○ F

Group / Policy number:

2. Information regarding the incapacity for work

2.1. General

Cause of the incapacity for work: ○ illness ○ accident ○ pregnancy

Degree of incapacity:

Economic incapacity				**Physiological incapacity**			
	% from		up to and including		% from		up to and including
	% from		up to and including		% from		up to and including
	% from		up to and including		% from		up to and including

Full resumption of work: ○ on

○ expected on

Has the patient previously suffered from a disorder or an accident that is directly or indirectly related to the current condition? Or that could complicate recovery?
○ Yes ○ No

If yes, which and since when:

Depending on the nature of the incapacity for work, fill in 2.2, 2.3 or 2.4 below.

2.2. Incapacity for work due to illness
Diagnosis (precise and complete):

When were the first symptoms observed:

Is the insured also being followed up by another physician? ○ Yes ○ No

If yes, please provide the full name and specialisation:

2.3. Incapacity for work due to accident

Nature of the accident: ○ Private ○ Work ○ Sport ○ Traffic

Date of the accident:

Description of the injuries:

2.4. Incapacity for work due to pregnancy

(Expected) due date:

Are there complications? ○ Yes ○ No

If yes, which:

3. Nature of the treatment

Hospitalisation? ○ Yes ○ No

If yes, from up to and including

Surgical procedures? ○ Yes ○ No

If yes, which:

Date:

Treatment and/or examination? ○ Yes ○ No

If yes, which?

Date:

4. Date & signature

Name of physician Date Physician's signature and stamp

Warning for the physician:

We treat the information collected in this document in the strictest confidence and in accordance with the medical ethical code of conduct associated with professional confidentiality. Please add the details or dates to the affirmative answers when requested. By completing this document, you, as the attending physician, declare that the information you provide is accurate, complete and appropriate as a basis for the risk assessment by the insurer. Your statements are binding on the insured.

NN Insurance Belgium SA/NV, a mortgage credit lender authorised by the FSMA and an insurance company authorised by the NBB under number 2550 for the Branches 1a, 2, 21, 22, 23, 25, 26.

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