Annex A

SOCIAL SECURITY

Report of Injury

Medical Doctor Declaration

** Indicates mandatory information*

Applicant's Details

Identity Card Number: * _____

Name: * _____ Surname: * _____

To be filled by the Medical Doctor Examining the Injured Person

I have examined the injured applicant and certify that he / she is not able to report back for work today due to an injury specified in **Table A** and **Table B** below.

In my opinion this applicant will not be able to return to work for at least _____ more (days / weeks / months).

Table A – Classification of Type of Injury at Work

Medical Doctor is requested to tick (✓) type of injury on the table below:

Type of Injury	Tick (✓)
Injury not known or not specific	☐
Superficial Wound or Injury	
Superficial Injury	☐
Open wound	☐
Other type of superficial wound or injury	☐
Fracture of Bones	
Closed fractures	☐
Open fractures	☐
Other type of bone fractures	☐
Dislocations, Disjoints and overwork	
Dislocations	☐
Disjoints and overwork	☐
Other types of dislocations, disjoints and overwork	☐
Amputation of body parts	☐
Concussion and Internal Injury	
Concussion and head injury	☐
Internal Injury	☐
Other types of concussion and head injury	☐
Burns, Scalds and Skin Inflammation due to cold	
Burns and scalds	☐

Type of Injury	Tick (✓)
Burns due to chemical	☐
Inflammations of skin due to cold	☐
Other types of burns, scalds and skin inflammation due to cold	☐
Poisoning and Infections	
Severe poisoning	☐
Severe infection	☐
Other types of poisoning and infections	☐
Drowning and Shortness of Breath	
Shortness of breath	☐
Drowning	☐
Other types of drowning and shortness of breath	☐
Noise Effects	
Severe hearing loss	☐
Other noise effects	☐
External temperature, Light and Radiation Effects	
Heat and Sunstroke	☐
Radiation Effects	☐
Low temperature effects	☐
Other effects due to External Temperature, Light and Radiation	☐
Shock	
Shock from aggression or threatening	☐
Traumatic Shock	☐
Other types of shock	☐
Multiple Injury	☐
Other specific injuries not listed in this table	☐

Table B – Part of Body Effected due to Incident

Medical Doctor is requested to tick (✓) the part of body effected due to the incident on the table below:

Part of Body Effected due to Incident	Tick (✓)
A nonspecific part of the body	☐
Head	
Head, Brain, Nerves of the Skull	☐
Face	☐
Eyes	☐
Ears	☐
Teeth	☐
Various parts of the head	☐
Another part of the head not mentioned above	☐
Neck and backbone	
Neck and backbone	☐
Other parts of the neck not mentioned above	☐
Back and backbone	
The back and the backbone	☐
Other parts of the back not mentioned above	☐
Torso	
Ribs, joints, shoulders	☐
Chest	☐
Pelvis, Stomach	☐
Various parts of the torso	☐
Other parts of the torso not mentioned above	☐
Upper part of the body	
Shoulders and shoulders' joints	☐
Arm and elbow	☐
Hands	☐
Fingers	☐
Wrist	☐
Various parts of the upper part of the body	☐
Parts of the upper part of the body not mentioned above	☐
Lower part of the body	
Hips and hips' joints	☐
Legs and knee	☐
Ankle	☐
Foot	☐
Toes	☐
Various parts of the lower part of the body	☐

Part of Body Effected due to Incident	Tick (✓)
Parts of the lower part of the body not mentioned above	☐
Whole body or various non-specific parts	
Whole body	☐
Various body parts	☐
Other parts of the body not mentioned above	☐

_____ _____

Name and Surname (Doctor) Medical Council Number

_____ _____

Signature (Doctor) Date