



General Directorate VII Overseas Social Security - Section periodic benefits

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A2 – CERTIFICATE OF INITIAL FINDINGS

1. Name and address of the doctor	
2. Surname, first name and address of the victim	
3. Description of the lesions (kind and nature of lesions and the parts of the body affected – fracture of the arm, contusions, internal lesions etc.)	
4. Temporary inability to work (tick the appropriate box)	<input type="checkbox"/> No interruption of work <input type="checkbox"/> Complete inability to work for days, starting on <input type="checkbox"/> Partial inability to work of%, fordays
5. Probable progress of the victim's lesions (tick the appropriate box)	<input type="checkbox"/> Recovery without sequelae <input type="checkbox"/> Recovery with sequelae, not involving permanent inability to work <input type="checkbox"/> Persistence with probable inability to work of% <input type="checkbox"/> Death
6. Does the inability to work result from the lesions themselves without the involvement of other causes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are the lesions affected by the previous state of health of the victim?	<input type="checkbox"/> Yes (short description) <input type="checkbox"/> No
8. Have you any suggestion to make? (special treatment, operation etc.)	
9. Place where the victim is: (hospital or residence)	
I declare on my honour that the present declaration is honest and complete. Done at, on (Doctor's signature and stamp)	

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