Personal Medical Attendance Report

The costs for the issuing of the medical certificate and the costs of the medical examination shall be assumed by the applicant.

Date of application	Insurance no.
Surname / First name	Date of birth
Street, house number	Post code, Town/City
Current professional occupation	

I. Declaration to the G.P. (General Practitioner)

The applicant is required to provide the following information (**in addition** to the information provided in the application).

Question		If yes, please state diagnosis/nature of complaint(s) and place of treatment (doctor), findings?	When?
1. Are you pregnant? 1a. Are you suffering from a disorder of the female organs?	☐ yes ☐ no ☐ yes ☐ no		
2. Are you currently suffering from any illnesses, anomalies, disabilities, defective positions, deformities or reductions in capacity of any part of the body or have you suffered from any of the above in the last 3 years? (e.g. eye infections)	☐ yes ☐ no		
3. Have you, in the course of the past 5 years, received treatment as an in-patient, been placed under medical observation, undergone examinations, therapies/talk therapies, check-ups or operations - including the provision of implants or foreign materials (e.g. in hospitals, sanatoriums, health clinics, therapy centres)?	☐ yes ☐ no		
Are any of the above necessary, advised or intended?	☐ yes ☐ no		
4. Have you had any blood tests? What was the outcome?	☐ yes ☐ no		
5. Has an HIV infection/ AIDS ever been diagnosed or are you awaiting the result of a test?	☐ yes ☐ no		
6. Have you, in the course of the last 3 years, taken or applied medicines (also ointments, drops, injections) over a period of at least 10 days without interruption or consumed alcohol or drugs on a daily or almost daily basis? Please state the type and amount. Are you or were you an addict?	☐ yes ☐ no ☐ yes ☐ no		
Do you visit a general practitioner (GP)? If so, please state the doctor's name, full address, and specialist area.	☐ yes ☐ no		

I hereby confirm with my personal signature that the above declarations shall form a component of my application for insurance and that I have answered each question put to me by the doctor personally and truthfully.

Place, Date:

Signature of applicant:

Case history noted by:

(Stamp / Doctor's signature)

DOK 100684

II. Medical examination report for

Surname, First name

		Description of findings/anomalies
1. Have you already examined, advised, or treated the applicant on a previous occasion? If so, please provide details of diagnoses and exact dates of treatment.	☐ yes ☐ no	
2. Height and weight		cm kg
3. Does the applicant appear to be in a normal state of health for his/her age?	☐ yes ☐ no	
4. Do the reflexes behave normally?	☐ yes ☐ no	
5. Are there **indications of impairments/illnesses:**	☐ yes ☐ no	
a) of the skeleton or musculoskeletal system?	☐ yes ☐ no	
b) of the **skin, mucous membranes and lymph glands**	☐ yes ☐ no	
c) of the **sense organs?**	☐ yes ☐ no	
d) of the **nervous system** and the **psyche**?	☐ yes ☐ no	
e) of the **hormone system?**	☐ yes ☐ no	
f) of the **thyroid gland?**	☐ yes ☐ no	
g) of the **arteries?**	☐ yes ☐ no	
g1) Existence of oedema?g1) Existence of oedema?	☐ yes ☐ no	
g2) Existence of haemorrhoids, varicose veins? (nature and extent?)	☐ yes ☐ no	
g3) Existence of scars, ulcers? (nature and extent?)	☐ yes ☐ no	
h) of the **cardiovascular system?**		
h1) Resting pulse rate - after 10 knee bends - returns to normal after		
h2) Resting blood pressure - after 10 knee bends		
h3) Could you detect any unhealthy heart murmurs?	☐ yes ☐ no	
h4) Is there any irregularity of pulse?	☐ yes ☐ no	
h5) Is the patient suffering from cardiomegalia/ a transposition of the heart?	☐ yes ☐ no	
h6) Any indications of heart failure/cardiac insufficiency?	☐ yes ☐ no	
h7) Dyspnoea/Laboured breathing?	☐ yes ☐ no	
i) of the **respiratory organs**		
i1) Presence of trachyphonia, coughing, bronchitis? (Since when? Scope?)	☐ yes ☐ no	
i2) Are there any deformities in the thoracic cage?	☐ yes ☐ no	
i3) Are there any anomalies in the percussion and auscultation results?	☐ yes ☐ no	
j) of **digestive and abdominal organs?**		
j1) Any evidence of illnesses detected i.r.o. tongue, tonsils, throat?	☐ yes ☐ no	
j2) Are there any illnesses in the abdomen?	☐ yes ☐ no	
j3) Is the liver palpable?	☐ yes ☐ no	

II. Medical examination report for

Surname, First name

Description of findings/anomalies

j4) Is the spleen palpable? ☐ yes ☐ no

j5) Is the patient suffering from a hernia? ☐ yes ☐ no

j6) Any illnesses in the digestive organs? ☐ yes ☐ no

k) of the **sexual organs** ☐ yes ☐ no

l) of the **kidney** and **urinary tract collection system** ☐ yes ☐ no

Deposits

Urinalysis

Protein ☐ yes ☐ no

Sugar ☐ yes ☐ no

Procreated urobilinogen ☐ yes ☐ no

External properties

Components

m) of the immune systems (e.g. HIV/AIDS) ☐ yes ☐ no

6. **Miscellaneous**

Have any other illnesses not previously mentioned been diagnosed? ☐ yes ☐ no

7. **Recent (fasting) blood test -not older than 3 weeks**
(If a lab report available containing the laboratory values/standard values specified below is available then it shall suffice to enclose it with this Personal Medical Attendance Report).

	Laboratory values as of	Standard values
SGOT:		
SGPT:		
GAMMA GT:		
Creatinine:		
Urea:		
Uric acid:		
Blood sugar:		
Total cholesterol:		
HDL cholesterol:		
LDL cholesterol:		

	Laboratory values as of	Standard values
Triglyceride:		
PTT:		
Erythrocytes:		
Haematocrit:		
Haemoglobin:		
MCV:		
Leucoytes:		
Thrombocytes:		

Place, Date

(Stamp / Doctors signature)