

» **Main reason for notification**

- The employee risks sick leave
- The employee is on sick leave (medical certificates are available)

This form must be submitted to Euro Accident no later than 30 days from the first day of the sick leave.

» **Company information**

Company name		Corporate identity (id) number	
Immediate superior			
Telephone		E-mail	
Postal address		Postcode and district	
Human Resources contact person HR*			
Telephone		E-mail	

*To be stated if HR shall be contacted as well as immediate superior.

» **Employee**

Name		Personal identity number (id)	
Postal address		Postcode and district	
Telephone (home)	Telephone (mobile)	E-mail	

» **Report of what has happened**

1. Describe what has happened, and state symptoms and diagnosis.			
2. Have the symptoms led to any work disability? If Yes , answer question three.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. When was the first day of sick leave? State date and attach possible medical certificates.			
4. Is there a risk of long-term sick leave?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have the symptoms led to six, or more, sick leave occasions during the last twelve months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you think a change in lifestyle will affect the working capability in a positive way? If Yes , please give examples below.			<input type="checkbox"/> Yes <input type="checkbox"/> No

» **Signature of authorized representative**

I certify that the above information is complete, true and correct.

Date and place (YYMMDD)	Signature
Printed name	

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