

Sick Note Medical History Form

Prerequisites for Sick Leave:

1. Only possible for patients known to us.
2. Only for mild symptoms.
3. Sick leave can be issued for a maximum of 5 days.
4. Patients are not entitled to sick leave (decision lies with the doctor).

PLEASE FILL OUT THIS FORM IN CAPITAL LETTERS AND ENSURE IT IS LEGIBLE.

Family Name:		First Name:	
Address:		Date of Birth:	German State Insurance?
Postcode:	District: (e.g. Neukölln, Wedding etc.)		JA <input type="checkbox"/> NEIN <input type="checkbox"/>
E-mail:		Telephone:	

1. Do you have a positive Rapid Antigen test result? YES NO

Please list your symptoms below:		DO YOU HAVE ANY CHRONIC ILLNESSES? e.g., Asthma, Diabetes. If yes, please list:
Runny Nose	<input type="checkbox"/>	
Cough	<input type="checkbox"/>	
Headache	<input type="checkbox"/>	
Sore Throat	<input type="checkbox"/>	ARE YOU CURRENTLY TAKING MEDICATION?
Fever	<input type="checkbox"/>	
Fatigue / Tiredness	<input type="checkbox"/>	
Body aches and pains	<input type="checkbox"/>	WHAT IS YOUR OCCUPATION?
Diarrhea	<input type="checkbox"/>	
Further symptoms:		WHEN DID YOUR SYMPTOMS BEGIN? FROM WHAT DATE HAVE YOU BEEN ABSENT FROM WORK DUE TO ILLNESS?

Please sign this form and return it by e-mail or in person.

The sickness certificate will be sent digitally to your insurance company. Please inform your employer.

CONSENT DECLARATION

I confirm the accuracy of the above information and consent to the storage of my personal information

DATA PROTECTION: We assure you that your data will be handled confidentially. If you wish to withdraw your consent and delete your personal data (Art. 7 para. 3 p. 1 Art. 17 para. 1 b) DSGVO.), please inform the practice team.

Signature..... Date.....

Thank You!