

Name

ID No.

Address

Employment

Relationship status

 Single Married Divorced Widow/er Cohabiting

Tel. – Mobile

Education and employment history

Diagnosis (in the event of more than one diagnosis, list according to severity)

1.

ICD

2.

ICD

3.

ICD

4.

ICD

5.

ICD

6.

ICD

General medical history (summary)

Other medical practitioners who have treated the applicant

Physician's stamp (name, address, tel. No., ID No. / Physician's Reg. No.)

Date and signature of physician

Medical history (current condition)

What in your medical history leads the physician to believe that you are unable to work?

How far back can you trace the illness that is causing loss of working ability?

How far back can you trace the other illnesses that are the likely cause of the impact on working capability or the employment choice of the applicant in recent years?

Medicinal products used by the applicant (and doses)

Detailed examination and results of tests

What does the physician's examination show that confirms the applicant's inability to work?

Working capability

When did the applicant become unable to work?

Completely

From what time?

Partially

From what time?

Proportion

Has the working capability of the applicant been partially reduced during recent years?

Yes

If yes, for what work and from when?

No

What is the working capability of the applicant at present?

What work is the applicant unable to do?

What is the main reason for the applicant's inability to work in the opinion of the physician?

Does the physician think that the applicant can be employed...

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...in a call centre or comparable position?

...in a petrol station or comparable position?

...as a shop assistant or comparable position?

...in a fish processing plant or comparable position?

Other specific employment? If so, what?

Can the patient, after undergoing a medical procedure/treatment, be expected to return to his/her former employment or a comparable position?

Yes

In how many months does the physician think that the applicant will be able to work?

To some extent

Fully

No

Does the physician think that the applicant can be employed in a protected labour environment?

Yes

No

What type of work?

Comments

Instructions

If possible, provide the specific date when the Fund member is believed to have become wholly or partially incapable of working. If this is not possible, specify the month or end of month, if the close of the month is considered more accurate. Thus, a person should be said to be incapable of working as of the end of December 2012 and not from 1 January 2013, unless the Fund member suffered an accident or trauma on that date.

The Articles of Association of pension funds state that Fund members who apply for disability pension, or enjoy such pension, are under obligation to provide the Fund with all necessary information about their health and employment income to enable the Fund to assess their entitlement to a pension.

It should be noted that applications submitted to Gildi for rehabilitation/disability pensions will be assessed by a multi-disciplinary team from VIRK and the Fund's physician. This team makes every effort to see if vocational rehabilitation should be attempted before making an assessment of disability.

The employees of the funds are bound by rules of confidentiality as regards any information of which they gain knowledge and which should remain confidential according to law, instructions or by their nature.

Information on medical matters, such as disability assessments and medical certificates, are considered completely confidential.

The medical certificate should be sent to the pension fund in question.