

E 407



(1)

**MEDICAL CERTIFICATE FOR THE GRANT OF A SPECIAL FAMILY ALLOWANCE OR OF INCREASED FAMILY ALLOWANCES
FOR HANDICAPPED CHILDREN**

*Reg. 1408/71: Art. 73; Art. 74
Reg. 574/72: Art. 86; Art. 88*

A. Request for certificate

To be completed by the institution responsible for the granting of family benefits.

1. Employed person Self-employed person

1.1. Surname ^(1a)

1.2. Forenames Previous names ^(1a) Place of birth ^(1b)

1.3. Date of birth Sex Nationality Identification/insurance number ^(1c)

1.4. Address ⁽²⁾

2. Child for whom the certificate is requested

2.1. Surname ^(1a)

2.2. Forenames

2.3. Place of birth ^(1b) Date of birth Sex Identification/insurance number ^(1c)

2.4. Address ⁽²⁾

3. Institution responsible for the granting of family benefits

3.1. Name

3.2. Address ⁽²⁾

3.3. File reference number

3.4. Stamp 3.5. Date

3.6. Signature

B. Certificate

The doctor designated by the institution of the place of residence of the examined child should complete this page and the next page and send it to the institution mentioned in box 3, enclosing all recent supporting medical documents (photographs, X-rays, results of medical examinations, etc.) (4).

4.

4.1. Child's age on date of examination years months
Child's weight kilograms grams height: centimetres

4.2. Psychomotor retardation
Retardation taking account of normal level for the child's age Yes No
If yes, please specify

4.3. Independence
Can the child sit up unaided? Yes No Can he/she walk? Yes No
Can he/she talk? Yes No Can he/she dress unaided? Yes No
Can he/she eat unaided? Yes No Does he/she write? Yes No (3)
Is he/she incontinent? Yes No (3)

4.4. Assistance
Does the child's condition necessitate attendance by another person? Yes No
Constant attendance? Yes No Daily attendance though not continuous? Yes No
Or other measures (please specify)

4.5. Nature of the principal disability
Is the child's disability
sensory? visual?
auditory?
motor
mental mental level
behaviour
other

4.6. Origin of disability (3)
— congenital anomaly Yes No
— disease Yes No
date of onset of disability
date of diagnosis month year
beginning of treatment month year
— accident Yes No
date of accident

4.7. Associated disabilities
Which ones?
Other deficiencies

4.8. Additional observations
Disabilities in the family
Supplementary examinations already carried out
(Copies of reports of examinations should be enclosed, where appropriate)

4.9. Treatment, including rehabilitation and remedial therapy. What forms of treatment are being provided?

.....

Since when?

What forms of treatment are recommended?

— Surgery

.....

— Hospitalisations (the last three years)

— Treatment at home (medicaments) Since when/...../.....

..... Since when/...../.....

..... Since when/...../.....

— Rehabilitation Beginning Frequency Where?

Logopedy

Physiotherapy

Occupational therapy

(Psycho)therapy

Earliest help at home

4.10. Educational and training measures

What forms of education and training are being provided?

.....

Since when?

What education and training is recommended?

4.11. Prognosis

Please specify:

.....

4.12. ICD (International Classification of Diseases — WHO) code of illness

4.13. Beginning of illness

4.14. Date of next control

5.

5.1. Doctor's surname and forename

5.2. Address (²)

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5.3. Date

.....

5.4. Signature

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INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out even if it does not contain any relevant information. It should be completed in the language of the doctor issuing the certificate.

NOTES

- (¹) Symbol of the country to whose legislation the worker is subject: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = The Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (^{1a}) In the case of Spanish nationals, state both names at birth.
In the case of Portuguese nationals, state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (^{1b}) In the case of Portuguese districts, state also the parish and the local authority.
- (^{1c}) Where the form is being sent to a Czech institution, state the birth number; to a Cypriot institution, if a Cypriot national state the Cypriot identification number, if not a Cypriot national state the Alien Registration Certificate (ARC) number; to a Danish institution, indicate the CPR number; to a Finnish institution, indicate the population register number; to a Swedish institution, indicate the personal number (personnummer); to an Icelandic institution, indicate the personal identification number (kennitala); to a Latvian institution, state the identity number; to a Liechtenstein institution, indicate the AHV insurance number; to a Lithuanian institution, state the personal identification number; to a Hungarian institution, state the TAJ (social insurance identification) number; to a Maltese institution, in the case of Maltese nationals, state the identity card number, or, if not a Maltese national, state the Maltese social security number; to a Norwegian institution, indicate the personal identification number (fødselsnummer); to a Belgian institution, indicate the national social security number (NISS); to a German institution of the general pension insurance scheme, indicate the insurance number (VSNR); to a Spanish institution, state the number appearing on the national identity card (DNI), or N.I.E in the case of foreign people, even if the card is out of date; to a Polish institution, state the PESEL and NIP numbers; to a Portuguese institution, indicate also the registration number with the general pensions scheme, if the person concerned has been insured under the social security scheme for civil servants in Portugal; to a Slovak institution, state the birth number; to a Slovene institution, state the personal identification number (EMŠO); to a Swiss institution, state the AVS/AI (AHV/IV) insurance number. Failing this, indicate 'None'.
- (²) Street, number, post code, town, country.
- (³) Need only to be filled in if a Belgian or Slovak institution is responsible for granting family benefits.
- (⁴) In Slovenia it is completed by a medical commission appointed by the Minister of Labour, Family and Social Affairs.
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