

# HEALTH CERTIFICATE

in support of an application for division of retirement pension entitlement

|                   |   |
|-------------------|---|
| Name of applicant | Id. No.   |
| Address           | Tel.  |
| Marital status    | Married <input type="checkbox"/> Divorced <input type="checkbox"/> Co-habiting <input type="checkbox"/> |
| Spouse's name     | Spouse's Id. No.  |

Does the applicant receive a disability pension from a pension fund? No  Yes

If yes, which pension fund? and when did it begin?

Does the applicant receive a disability pension from the Social Insurance Administration (TR)?

No  Yes  If yes, when did it begin?

## I. Part II: Health information

Note: It is important that the certificate include information about whether the applicant has a history of any life-threatening illnesses and whether the physician issuing the certificate is of the opinion that the applicant's life expectancy could be shortened due to illnesses, accidents, an unhealthy lifestyle and/or other reasons.

1) a) How long have you known the applicant? \_\_\_\_\_

b) If you did not know the applicant previously, how have you ascertained his/her identity? \_\_\_\_\_

2) Has the applicant now or previously been diagnosed with any illnesses/severe symptoms from the following body systems? (If the answer is positive, more information is requested on p. 2. Note that information is only requested on those matters that could affect the applicant's life expectancy in the opinion of the physician issuing the certificate.)

a) Nervous system? ..... No  Yes

b) Cardiovascular system? ..... No  Yes

Blood pressure \_\_\_\_\_

c) Respiratory system? ..... No  Yes

Is there a history of smoking? No  Yes  If yes, state pack years \_\_\_\_\_

d) Digestive system? ..... No  Yes

e) Kidneys/urinary system? ..... No  Yes

f) Genitals/reproductive system? ..... No  Yes

g) Endocrine system? ..... No  Yes

Height cm \_\_\_\_\_ Weight kg. \_\_\_\_\_ Waist circumference cm \_\_\_\_\_

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h) Severe musculoskeletal disorder(s)

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No  Yes

i) Serious mental illness(es)

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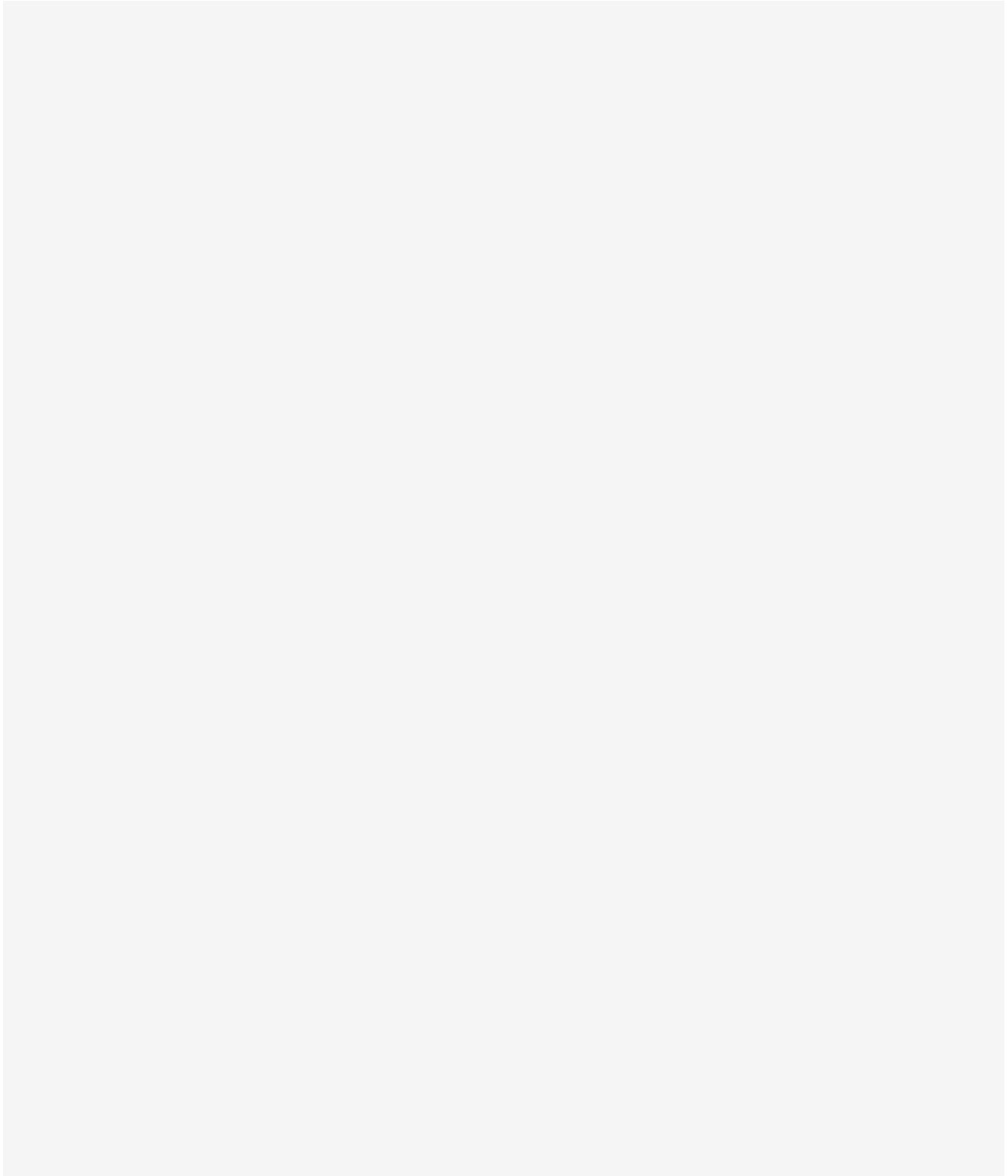
No  Yes

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Detailed answers to questions in points 2.a) to 2.i) above:



**3) Does the applicant have a history of other serious illnesses/accidents:**

a) Of the eyes?..... No  Yes

b) Of the ears?..... No  Yes

c) Infectious diseases?..... No  Yes

d) Blood diseases?..... No  Yes

e) Hypertension?..... No  Yes

f) Diabetes? ..... No  Yes

Insulin dependent? If yes, for how long?

g) A malignant disease?..... No  Yes

h) Rheumatic/autoimmune disease? ..... No  Yes

i) Serious accident?..... No  Yes

j) Alcoholism and/or other addiction?..... No  Yes

**Detailed answers to questions in points 3.a) to 3.j) above:**

## II. Part II: Medical examination

1) Medical examination completely normal:

No  Yes

If no, please indicate the positive points from the medical examination if relevant for the applicant's life expectancy, in the physician's opinion

Date of examination

2) Do you consider the applicant healthy and fully capable of work?.....

No  Yes

If no, give details:

3) Further information:

The undersigned physician hereby confirms that the above information is correct.

Date  Location

Physician's signature:

Workplace/Office:  Tel.

The certificate should be sent to the pension fund, in a sealed envelope addressed to the medical officer or in electronic format. The applicant shall pay the cost of obtaining the certificate.