Concordia-Health
Official Legal Address
1901 Pennsylvania Avenue NW
Washington, DC 20006
United States
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CERTIFICATE OF WORK INCAPACITY – SALARIED WORKER

To be completed by the insured individual

Personal Information Section

- **Name:**
- **First Name:**
- **Social Security Number:**
- **Membership Number:**
- **Residential Address (if different from official address):**
  .....

(Top-right corner: "Or Attach a sticker of your insurance")
(The insured must notify the health insurance provider of any changes to their residence within two calendar days.)

This certificate concerns:

- The start of this incapacity ☐
- An extension of this incapacity ☐

Professional situation at the start of the incapacity to work:

- Worker ☐
- Self-employed ☐
- Unemployed ☐

Current occupation: .....

Are you engaged in additional independent work?

- No ☐

- Yes: ..... ☐

The incapacity is related to:

- A work-related accident ☐
- An occupational illness ☐

Medical Section: To be completed by the physician

Based on my clinical examination and the medical data available to me today, I, the undersigned, medical doctor, certify that Mr./Mrs.
…..... is unable to work from
…...../...../..... to …...../...../..... (inclusive)

Diagnosis, symptoms, and/or functional disorders:
.....
.....
.....
.....

Professional or social difficulties may be mentioned. All of this information allows for a better assessment of the work incapacity and appropriate notification of the individual.

Optional coding of the primary diagnosis:

- ICPC-2: .....
- or
- ICD-10: …..

The individual is or will be hospitalized starting from:
…...../...../.....

In the case of pregnancy, the estimated delivery date is:
…...../…...../.....

Communication with the medical advisor:

The medical advisor may contact me at the following phone number or email address:
…..

Confidential medical communications will also be conducted through secure applications.

Physician identification (e.g., NPI number):
Date: …...../...../.....
Physician's signature:

Data Protection Statement

Concordia-Health processes your data in compliance with relevant data protection regulations. These regulations grant you rights to access, rectify, oppose, or request the erasure or limitation of your data. For more information about how your data is processed, please consult our Data Protection Charter available at [website link].

End of Form – CH-WI-Certificate-Salaried-Workers-001 (v1.0)