

Studentpass | medical report

Policy nr. _____

Please let the following form "Medical Report" be complete by your medical practitioner and send it back to our medical service at the following fax no.: +41 22 929 52 55.

General information

Family Name	_____	First Name	_____
Gender	<input type="radio"/> Male <input type="radio"/> Female	Date of birth	_____
Date medical visit	_____	Follow up dates	_____

Medical details

Announced illness : _____

Medical history : _____

Medical observation: _____

Diagnosis : _____

Treatment : _____

Prescript medicine _____

Has any hospitalization or surgical intervention been planned ? Yes no

If yes, please specify (Reason / hospital / department / date of planned intervention and / or could the patient be repatriated? :

Prescript medicine _____

Comments _____

Physician's stamp and signature:

Signature _____ Date _____

Physician's signature

In accordance with the Swiss Federal Law on data protection and the other national statutes governing the protection of confidential medical data to which the contract is subject; in compliance with the relevant provisions of the General and Special Conditions of Insurance, which the insurance taker read and accepted at the time of conclusion, the latter authorizes KILN well as SOS Evasan S.A. to receive and process the medical data pertaining to the insured person.