

Request for reintegration process

TREATING PHYSICIAN

Note: The request can only be submitted with the patient's consent.

Please complete all fields correctly. This data is essential in order to be able to process your reintegration request. If the data is incomplete, we will need to contact you again before we can process the request.

The undersigned doctor (first name and last name of treating physician):

RIZIV-INAMI number:

Address: Street:

Number:

Box:

Postcode:

Municipality:

Physician's email address:

Physician's telephone number:

GMD holder

General practitioner

Specialist

hereby requests that the prevention advisor – occupational health doctor initiate a reintegration process for:

the employee (first name and last name of person to be examined):

Date of birth: / /

Social security ID number:

Health insurance fund:

(add sticker or note health
fund number here)

Address: Street:

Number:

Box:

Postcode:

Municipality:

Currently agreed job duties:

The employee concerned has been unfit for work since: / /

Reason for reintegration process request:

Company name:

Name of personnel manager (HRM):

Name of manager:

Date, stamp and physician's signature:

/ /

According to Art. I.4-73 §2 of the Codex on Wellbeing at Work, the consulting physician will be informed if the employee does not respond to the invitation from the prevention advisor – occupational health doctor, and the employee may in that case be penalised in accordance with the legislation on compulsory insurance for healthcare and sickness benefits.

Please send your reintegration process request to our regional Customer Service team by post.

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