

Accident declaration

Name and Surname			
Accident type			
Date and time of the accident	Date:	Hour :	
Location of the accident			
Description of the accident			
Last day and hour you worked before the accident		Date:	Hour :
Injured part of the body (left/right)			
Nature of the injury			
Name, Surname, address of doctor/hospital			
Following treatment by doctor/hospital			
Sick-leave since	no sick-leave		
Resumption of work			
Do you need the form for the pharmacy	Yes	No	