Confirmation of temporary incapacity for work of a natural person in material need/job seeker

(This confirmation is not intended for a natural person in material need/job seeker who is gainfully employed and does not serve to claim health insurance henefits)

Name, surname, title	Personal ID
Permanent address	·
The address where the physical person in material ne	eed/job seeker will stay during the period of
temporary incapacity for work, including the floor	
Diagnosis number according to MKCH	
g	
	Incapable of work from*
Stamp and signature of the attending physician	Capable of work from**
Date of issuance of the confirmation of <u>commencement</u> of temporary incapacity to work:	
temporary meapurity to work.	
	Permission to go outside:
	from the date
Stamp and signature of the attending physician Date of issuance of the confirmation of <i>termination</i> of	fromhrs to
temporary incapacity to work:	fromhrs to
Information	

<u>Information for the physician</u>

According to Section 12a of Act No. 576/2004 Coll. on health care, services related to the provision of health care and on the amendment and supplement to certain acts, as amended, the attending physician may recognize a person as temporarily unable to work retroactively for a maximum of three calendar days on the basis of a medical report from a dental medical emergency service, outpatient emergency service or institutional emergency service, unless specified otherwise in paragraphs 15 and 16.

Information for the job seeker

The job seeker shall prove temporary incapacity for work according to Section 36 par. 4 of Act No. 5/2004 Coll. on employment services and on amendments to certain acts, as amended.

- *The job seeker shall submit the beginning of temporary incapacity for work to the Office of Labour, Social Affairs and Family within three working days from the date of issue of this confirmation.
- **The job seeker shall submit the end of temporary incapacity for work to the Office of Labour, Social Affairs and Family in person on the next working day after the end of temporary incapacity for work.

Information for the natural person in material need

Pursuant to Section 28 (2)(d) of Act No. 417/2013 Coll. on assistance in material need, as amended, a natural person in material need is obliged to deliver to the Office of Labour, Social Affairs and Family a confirmation of the beginning and end of temporary incapacity for work of a member of the household within three working days from the date of issue of the confirmation of the beginning or end of temporary incapacity for work.

Date of treatment or check-up		The next treatment or check- scheduled for the day	oup is stamp/signature of the attending physician	notes
ysician.				
		Control of t	reatment regimen	
Date	Tim e	Control of t Address of residence during temporary incapacity for work	Name and surname/signature of employees of the Office of Labour, Social Affairs and Family	Signature of the natural person in material need/job seeker
Date	Tim	Address of residence during temporary incapacity for	Name and surname/signature of employees of the Office of Labour, Social Affairs and	natural person in material need/job
Date	Tim	Address of residence during temporary incapacity for	Name and surname/signature of employees of the Office of Labour, Social Affairs and	natural person in material need/job
Date	Tim	Address of residence during temporary incapacity for	Name and surname/signature of employees of the Office of Labour, Social Affairs and	natural person in material need/job
	Tim	Address of residence during temporary incapacity for work	Name and surname/signature of employees of the Office of Labour, Social Affairs and	natural person in material need/job
Date Contro	Tim e	Address of residence during temporary incapacity for work	Name and surname/signature of employees of the Office of Labour, Social Affairs and	natural person in material need/job
	Tim e	Address of residence during temporary incapacity for work	Name and surname/signature of employees of the Office of Labour, Social Affairs and	natural person in material need/job
	Tim e	Address of residence during temporary incapacity for work	Name and surname/signature of employees of the Office of Labour, Social Affairs and	natural person in material need/job