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| **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 benefits)***   |  |  |  | | --- | --- | --- | | **Name, surname, title** | | **Personal ID** | | **Permanent address** | | | | **The address** where the physical person in material need/job seeker will stay during the period of temporary incapacity for work, including the floor | | | | Diagnosis number according to MKCH | | | | Stamp and signature of the attending physician  Date of issuance of the confirmation of ***commencement*** of temporary incapacity to work: | **Incapable of work from\***  **Capable of work from**\*\* | | | Stamp and signature of the attending physician  Date of issuance of the confirmation of ***termination*** of temporary incapacity to work: | Permission to go outside:  from the date  .................................................................................  from .................................hrs to ......................... hrs | | | **I n f o r m a t i o n for the physician**  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.  **I n f o r m a t i o n 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****.*  **I n f o r m a t i o n 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.**  **Records of the attending physician**   |  |  |  |  | | --- | --- | --- | --- | | **Date of treatment or check-up** | **The next treatment or check-up is scheduled for the day** | **stamp/signature of the attending**  **physician** | **notes** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |     **Information for the natural person in material need/job seeker**  ***If the natural person in material need/job seeker temporarily incapable of work does not show up for a medical examination on the appointed day without an excuse, he/she violates the treatment regimen prescribed by the physician.***  **Control of treatment regimen**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date** | **Time** | **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** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | **Control record:** | | | | |   **Statement of the attending physician in case of non-compliance with the treatment regimen:** | | | |  |