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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)***

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| --- | --- |
| **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 physicianDate 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 physicianDate 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**

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| **Date of treatment or check-up** | **The next treatment or check-up is scheduled for the day** | **stamp/signature of the attending**  **physician** |  **notes** |
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 **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**

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| --- | --- | --- | --- | --- |
| **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**  |
|  |  |  |  |  |
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| **Control record:** |

**Statement of the attending physician in case of non-compliance with the treatment regimen:**  |

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