Agreement on Social Security between the Republic of the Philippines and the Grand Duchy of Luxembourg

DETAILED MEDICAL REPORT

Article 8 of the Administrative Arrangement

Philipp	ine Insurance Number		Luxembourg In	Luxembourg Insurance Number			
SSS N							
GS15 I	BP No.:						
1.	Competent Luxembourg pe	ension insurance institution					
1.1	Name						
1.2	Address						
2.	Person examined						
2. 2.1	Person examined Last name	Given name	Middle name	Place of birth			
		Given name Nationality	Middle name	Place of birth			
2.1	Last name						
2.1	Last name		Sex				
2.1	Last name Date of birth (dd/mm/yyyy)		Sex				
2.1	Last name Date of birth (dd/mm/yyyy) Address	Nationality	Sex				

3.	Physician who drew up the report
3.1	Last name
3.2	First name
3.3	Middle name (if applicable)
3.4	Address
3.5	Examining physician of
4.	Patient's history
4.1	Medical history
4.2	Current chief complaints
4.3	Physician currently treating the patient
4.4	Current treatment
4.5	Social and employment history

4.6	Is the insured person currently gainfully employed?						
	□ Yes	□ No Nu	ımber of working hours:				
	Type of actual employment	nt					
4.7	Accidents at work/occupa	tional discosos					
4.7	Accidents at work/occupa	lional diseases					
4.0	Type of lost ampleyments						
4.8	Type of last employment:						
4.9	Unfit for work		☐ since (Date):				
4.5	Cessation of work						
	Coodailon of Work						
5.	Findings						
5.1	General physical condition	n					
	Height (in cm.)		Weight (in kilos)				
	Nutritional condition:	□ good	□ overweight	☐ underweight			
		☐ Mucous membrane	s ☐ Mental status	☐ Mood			
	Demondo						
	Remarks						
							
5.2	Head						
ე.∠	i ieau						
5.3	Vision						

5.4	Hearing
5.5	Other sensory organs
5.6	Neck (external findings)
5.7	Review of thyroid gland
5.8	Lymphatic nodes
5.9	Others
5.10	Other sensory organs
5.11	Circulatory system
5.12	Heart
5.13	Pulse
5.14	Blood pressure (at rest)
5.15	Blood pressure (second measurement)
5.16	Peripheral blood vessels
5.17	Oedema
5.18	ECG (at rest)
5.19	Abdomen
5.20	Digestive system and linked endoabdominale organs

5.21	Liver						
5.22	Spleen						
5.23	Endocrine system						
5.24	Genito-urinary system						
5.25	Locomotor and skeleta	l system (if necessary u	se Neutral	-O method, pa	age 6)		
5.26	Spine, neck and back						
5.27	Upper limbs						
5.28	Lower limbs						
5.29	Presence of lymphatic	nodes					
5.30	Neurologic findings						
	Movements	□ unren	narkable	□ stiff	□ slowed	□ weak	
	Gait:	□ unremarkable	□ pond	derous	☐ impaired on right	☐ impaired on left	
	Reflexes						
5.31	Others (Allergies, etc.)						

6.	Function and other tests (when necessary)
6.1	Lung function
6.2	Cardiac function/exercise ECG
6.3	Doppler ultrasonography (heart and vessels)
6.4	Findings in today's X-rays examination
6.5	Earlier findings/X-ray examinations done elsewhere
6.6	Ultrasonography (abdomen, et al)
0.7	MDI and an addition and antique
6.7	MRI and special investigations
6.8	Laboratory results
0.0	Laboratory results
6.9	Other tests
0.0	

7.	Additional sheet for further specialists findings (shall be filled out only if relevant)			

8.						
	Diagnosis					
	-					
	(ICD code reco	mmended)				
	(ICD code leco	mmended)				
•						
•						
9.						
	Summary					
	Course of disea	ase				
	Damage to hea	alth				
	Functional defic	cits				
	Compared with	previous report (date	ad)	
	Compared with	previous report (date	zu)	
			_			
		l improvement	□ v	orsening	☐ no change	

10.							
The insured person is still capable of	The insured person is still capable of regularly performing the following types of work:						
□ heavy	□ average		□ light				
11.							
Is re-examination necessary in the fu	uture?	□ Yes	□ No				
If yes, please state when:							
Physician's signature		Date, Seal					