Versicherungsanstalt
öffentlich Bediensteter, Eisenbahnen und Bergbau

Questionnaire 1 (to be completed by the insured person)

First and last name of the insured person:

Social security number:

First and last name of relative:

Social security number or date of birth:

Telephone number (for possible questions)

Please tick the relevant box

1. How long have you had the complaint?

2. What school education does your child have?
   Type from - to Grade

3. What (temporary) job did your child have until now?
   Type from - to

4. Does your child currently have a job? ☐ Yes ☐ No
   Since when?

5. Do you receive an increased family allowance for your child? ☐ Yes ☐ No
   If so, please send us a copy of the family allowance confirmation.

6. Does your child receive a pension? ☐ Yes ☐ No
   Monthly amount EUR
   From which department?

7. Does your child receive any other income? ☐ Yes ☐ No
   Monthly amount EUR

.....
Date and signature

Versicherungsanstalt
öffentlich Bediensteter, Eisenbahnen und Bergbau

Questionnaire 2 (to be completed by the treating doctor)

Medical examination results

Patient (first and last name):
Social security number or date of birth:

Please tick the relevant box

1. Medical history:

a) Diseases overcome:

b) When the symptoms of the current condition began:

c) Development of the current condition:

d) Treatment and treatment success:

2. Results:

a) Somatic, with special consideration of the existing defects and their performance-reducing effects:

b) Psychological, with special consideration for the mental performance:

3. Diagnosis:

4. Is the present condition to be regarded as permanent or temporary?

5. Does condition require treatment? ☐ Yes ☐ No
(medical treatment, institutional care, therapeutic aids)

6. Is the patient fit to do a job? ☐ Yes ☐ No
Which?

☐ ☐ ☐ ☐

7. Is the ability to work restricted entirely or in part, permanently or temporarily?
(please tick where applicable)

8. Is being able to work again a realistic expectation
after appropriate retraining or treatment? ☐ Yes ☐ No

.....
Date, stamp and signature

Telephone number (for possible questions)