**Medisch attest**

1. **Gegevens van de patiënt**

Rijksregisternummer [ ] [ ] [ ] [ ] [ ] [ ]  [ ] [ ] [ ]  [ ] [ ]  Folder/patient/id (ID-PATIENT): 99999999999

Naam [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

 Folder/patient/familyname: xxxxxxxxxxx

Voornaam [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

 Folder/patient/firstname: xxxxxxxxxxx

Geboortedatum [ ] [ ]  / [ ] [ ]  / [ ] [ ] [ ] [ ]  Folder/patient/birthdate/date: 15/01/1962

 Taal code [ ]  Folder/patient/usuallanguage : nl

1. **De arts vult volgende gegevens in**

Deze persoon is **arbeidsongeschikt van**  **[ ] [ ]** / **[ ] [ ]** /20**[ ] [ ]**

Folder/transaction/item/beginmoment/date: datum van

 **tot en met [ ] [ ]** / **[ ] [ ]** /20**[ ] [ ]**

 Folder/transaction/item/beginmoment/date: datum tot en met

**Diagnose (vrije tekst)** **[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]**

Folder/transaction/item/content/text (in item/cd/diagnosis): xxxxxxxxxx

 **Hoofddiagnose in code**

 **(Code ICPC2)** **[ ] [ ] [ ] [ ] [ ] [ ]**

 Folder/transaction/item/content/cd (in item/cd/diagnosis) S = "ICPC" SV = "2": xxxxx

 **(Code SNOWMED)** **[ ] [ ] [ ] [ ] [ ] [ ]**

 Folder/transaction/item/content/cd (in item/cd/diagnosis) S = " CD-SNOMED " SV = "2": xxxxx

 **(Code ICD10)** **[ ] [ ] [ ] [ ] [ ] [ ]**

 Folder/transaction/item/content/cd (in item/cd/diagnosis) S = "ICD" SV = "10": xxxxx

**Deze arbeidsongeschiktheid is te wijten aan:** Folder/transaction/cd (TRANSACTION) : notification

Folder/transaction/cd (TRANSACTION -TYPE) : incapacity of incapacityextension indien de doctor verlening aanduidt

[ ]  Ziekte **[ ]** Verlenging ziekte Folder/transaction/item/content/incapacity/incapacityreason/cd: sickness

[ ]  Hospitalisatie [ ]  Verlenging hospitalisatie Folder/transaction/item/content/incapacity/incapacityreason/cd: hospitalisation

[ ]  Ziekte te wijten aan zwangerschap Folder/transaction/item/content/incapacity/incapacityreason/cd: pregnancy

[ ]  Arbeidsongeval, overkomen op [ ] [ ]  / [ ] [ ]  / [ ] [ ] [ ] [ ]

 [ ]  Verlenging

 Folder/transaction/item/content/incapacity/incapacityreason/cd: workaccident

 Folder/transaction/item/content/date (in item/cd/incapacity): ongevalsdatum

[ ]  Beroepsziekte, aangegeven op [ ] [ ]  / [ ] [ ]  / [ ] [ ] [ ] [ ]

 [ ]  Verlenging

 Folder/transaction/item/content/incapacity/incapacityreason/cd: occupationaldisease

 Folder/transaction/item/content/date (in item/cd/incapacity): datum aangifte

**Kan betrokkene zich voor een eventuele controle verplaatsen?**

[ ]  Ja [ ]  Neen Folder/transaction/item/content/incapacity/outofhomeallowed: true of false

1. **Gegevens van de arts**

Riziv Nummer **[ ]  [ ]  [ ] [ ] [ ] [ ]  [ ] [ ]  [ ] [ ] [ ]** Header/sender/hcparty/id (ID-HCPARTY): 99999999999

 En Folder/transaction/author/hcparty/id (ID-HCPARTY): 99999999999

Rijksregisternummer [ ] [ ] [ ] [ ] [ ] [ ]  [ ] [ ] [ ]  [ ] [ ]  Header/sender/hcparty/id (INSS): 99999999999

 En Folder/transaction/author/hcparty/id (INSS): 99999999999

Datum ondertekening [ ] [ ]  / [ ] [ ]  / [ ] [ ] [ ] [ ]  Folder/transaction/date : datum ondertekening

 Folder/transaction/time : uur ondertekening

Er zijn nog andere gegevens die in het XML bestand moeten staan, maar deze staan niet expliciet op het attest: Zie “eMediAtt - requierements on data transmitted via EH-BOX for eHealth documentation”.docx

Daarin staan eveneens bijkomende vereisten i.v.m. formaat, verplichte velden, mogelijke waarden, bijkomende controles.