SEGURANÇA SOCIAL

Informal Carer

Medical Statement

This statement must be completed by the family doctor or treating physician of the person receiving care, confirming that:

- The person is temporarily bedridden; **or**
- Requires permanent care.

The start date and the expected end date must be clearly stated, regardless of the condition selected.

Regulatory Decree no. 1/2022 of 10 January, Article 7(2), updated version

1 Personal details of the person receiving care

Full name

Social Security Identification Number

Birth date

year - month - day

2 Doctor details (to be completed by the doctor)

Full name

Medical License no. _____ issued by the Portuguese Medical Association

Medical specialty

3 Medical statement

The doctor identified above declares that, in the exercise of his/her professional activity, he/she has observed the person receiving care, identified above, whose identity he/she has confirmed, and has verified that the person concerned is:

- ◯ Temporarily bedridden
- ◯ In need of permanent care

as from year - month - day and he/she is expected to remain in this situation until year - month - day .

Doctor's vignette

Doctor's signature

Date

year - month - day

Data protection

The collected data will be processed by the competent Social Security Services (*Instituto da Segurança Social, I.P.*) and will be kept for the period necessary to fulfil their intended purpose.
These Social Security services are committed to protecting your personal data and to fulfilling their obligations wihin the scope of data protection.
For further information on data protection, please consult the Social Security Portal at www.seg-social.pt.