

**MEDICAL CERTIFICATE FOR WORK PERMIT
CERTIFICAT MEDICAL POUR PERMIS DE TRAVAIL
MEDISCH GETUIGSCHRIJF VOOR WERKVERGUNNING**

The undersigned Doctor in medicine

Le soussigné Docteur en médecine

De ondergetekende Dokter in de geneeskunde

_____ (full name)

Certifies that he/she has examined this day Mr./Mrs./Miss

Certifie avoir examine ce jour M./Mme./Mlle.

Verklaart heden Dhr./Mevr./Mej. te hebben onderzocht

Nationality / nationalité / nationaliteit

Date and place of birth / date et lieu de naissance

datum en plaats van geboorte

Residing at / résidant à / wonende te _____

Declares that nothing in his/her state of health indicates that he/she might be incapacitated in the foreseeable future.

Déclare que rien n'indique que son état de santé le/la rendra inapte au travail dans un avenir proche.

Verklaart dat niets erop wijst dat hij/zij wegens zijn/haar gezondheidstoestand in de nabije toekomst arbeidsongeschikt zal worden.

Issued at

Fait le

Opgemaakt op

at

à

to

Signature of doctor

Signature du médecin

Handtekening van de geneesheer

Stamp of doctor's office

Cacget du médecin

Stempel van de geneesheer

Visa de l'Ambassade ou du Consulat Général

(Sceaul/stempel)

Visum van de Ambassade of het Consulaat-Generaal

À/te _____ le / op _____

code 52

MEDICAL CERTIFICATE

(Annex to the law of 15 December 1980 regarding the access to the territory, the stay, the the access to the territory, the stay, the establishment and the disposal of foreigners)

The undersigned Doctor in medicine (full name)
certifies that he/she has examined this day Mr./Mrs./Ms./Miss (full name)

.....
Nationality :

Date and place of birth

Residing at

And has found him/her free of one of the following illnesses which can threaten the public health:

- 1 Illnesses requiring quarantine as stated by the international health regulation of the World Health Organization, undersigned in Genève on 23 May 2005;
- 2 Pulmonary tuberculose, active or progressive ;
- 3 Other contagious or transmissible diseases by infection or parasites if they are subject in the host country to provisions of protection of the nationals.

Issued at on

Signature of doctor

Stamp of doctor's office.

If applicable, Visa of the Embassy, Consulate general or Consulate	(Seal)
At, on	