

MEDICAL CERTIFICATE

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 as mentioned in the annex of the law of 15/12/1980 and representing a danger for public health:

1. Illnesses requiring quarantine as stated by the International Health Regulations, signed 23 May 2005 in Geneva, of the World Health Organization;
2. Pulmonary tuberculosis, active or progressive;
3. Other contagious or transmittable diseases by infection or parasites if they are subject in Belgium to provisions of protection of the nationals.

Issued at on (date).....

Signature of doctor

Stamp of doctor's office

If applicable,
Visa of the Embassy, Consulate general or Consulate

(Seal)

At, on