

MEDICAL CERTIFICATE FOR VISA

The undersigned Doctor in medicine _____
(full name)

Certifies that he/she has examined this day Mr./Mrs./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 regulation n°2 dated 25 May 1951, of the World Health Organization ;**
- 2) Pulmonary tuberculose, active or progressive ;**
- 3) Other contagious or transmittable diseases by infection or parasites if they are subject in the host country to provisions of protection of the nationals**

Issued at _____ at _____

Signature of doctor _____

Stamp of doctor's office _____

Visa de l'Ambassade ou du Consulat Général
Visum van de Ambassade of het Consulaat-Generaal (Sceau/stempel)
À / te _____ le / op _____

**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

at

Fait le _____

à _____

Opgemaakt op

te _____

Signature of doctor

Signature du médecin

Handtekening van de geneesheer

Stamp of doctor's office

Cachet du médecin

Stempel van de geneesheer

Visa de l'Ambassade ou du Consulat Général

Visum van de Ambassade of het Consulaat-Generaal (Sceau/stempel)

À / te _____ le / op _____

code 52

The **medical certificate** should be issued on the doctor's letterhead. For a list of doctors affiliated with the Embassy or the Consulate General, please contact the appropriate consular office. If you choose your family physician, the doctor's signature needs to be notarized. The medical document should be less than 3 months old from the date of your application. The Embassy or Consulate General will also certify the document.