

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 representing a danger for public health, mentioned below :

- 1. Illnesses requiring quarantine as stated by the international health regulation of the World Health Organization signed in Geneva on 23th May 2005;
- 2. Pulmonary tuberculose, 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 population.

Issued at on

Signature of doctor :

Stamp of doctor's office:

<p>If applicable, Visa of the Embassy, Consulate general or Consulate (Seal)</p> <p>At, on</p>
--