

MEDICAL CERTIFICATE

[Annex to the law of 15/12/1980 on entry to the territory, stay, settlement and removal of foreigners]

I, the undersigned medical doctor, certify that I have examined today:

Mr./Mrs./Ms. (name and surname) :
Nationality :
Date and place of birth :
Address of residence :

and have found that he/she is not suffering from any of the following diseases that may endanger public health:

- 1) quarantine diseases as referred to in the International Health Regulations of the World Health Organization, signed in Geneva on May 23, 2005;
- 2) tuberculosis of the respiratory system that is active or has a progressive tendency;
- 3) other infectious or contagious parasitic diseases, provided that they are the subject, in Belgium, of protective measures for Belgian nationals.

Issued in on

Doctor's signature:

Stamp of doctor:

If applicable, stamp of the Belgian diplomatic or consular post	(Seal)
in, on	