

**MEDICAL CERTIFICATE**  
**(Annex to the Law of December 15, 1980 on entry, stay,**  
**settlement and removal of foreign nationals)**

The undersigned Doctor in medicine (full name) :

.....

Certifies that they have examined on this day:

Full name: .....

Nationality : .....

Date and place of birth: .....

Residing at : .....

And has found them free of all of the following illnesses representing a danger to public health :

1. Illnesses requiring quarantine as mentioned in the international health regulation of the World Health Organization, signed in Geneva on May 23, 2005
2. Pulmonary tuberculosis, active or progressive
3. Other contagious or transmittable diseases by infection or parasites, if they are subject in Belgium to protective provisions for residents

Issued in ..... on .....

Signature of doctor .....

Stamp of doctor's office. ....

If applicable, approval by the Embassy, Consulate general or Consulate (Seal)

At ....., on .....