

**OVERSEAS CONTACT**

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**ADDRESS**

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**MEDICAL CERTIFICATE**

This certificate has to be returned completed and signed to the medical adviser of the Service.  
The undersigned, doctor of medicine, declares to have examined

M: .....

and to have found him (her) disabled since \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- because:
- sickness
  - accident at work
  - accident, private circumstances
  - pregnancy

Estimated period of disability (\*): .....

**In case of sickness:**

Nature of the sickness: .....

.....

.....

Development:    worsening    slow evolution    recovery

**In case of an accident:**

Date of the accident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nature of the injuries: .....

.....

.....

Development:    worsening    slow evolution    recovery

**In case of pregnancy:**

Estimated date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Identification of the doctor of medicine

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date and signature of doctor (\*\*)

(\*) pregnancy, zwangerschap, grossesse : max. 15 weeks, weken, semaines art.91 §3 L.-V. 29.4.1996  
(\*\*) Both an electronic and handwritten signature allowed.