

OVERSEAS CONTACT

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ADDRESS

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A2 – CERTIFICATE OF INITIAL FINDINGS

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| 1. Name and address of the doctor | |
| 2. Surname, first name and address of the victim | |
| 3. Description of the lesions (kind and nature of lesions and the parts of the body affected – fracture of the arm, contusions, internal lesions etc.) | |
| 4. Temporary inability to work (tick the appropriate box) | No interruption of work |
| | Complete inability to work for ___ ___ ___ days, starting on ___/___/_____ |
| | Partial inability to work of ___ ___ %, for ___ ___ ___ days |
| 5. Probable progress of the victim’s lesions (tick the appropriate box) | Recovery without sequelae |
| | Recovery with sequelae, not involving permanent inability to work |
| | Persistence with probable inability to work of ___ ___ ___ % |
| | Death |
| 6. Does the inability to work result from the lesions themselves without the involvement of other causes? | Yes No |
| 7. Are the lesions affected by the previous state of health of the victim? | Yes (short description) No |
| 8. Have you any suggestion to make? (special treatment, operation etc.) | |
| 9. Place where the victim is: (hospital or residence) | |

I declare on my honour that the present declaration is honest and complete.

Done at on ___/___/_____

Doctor’s signature and stamp*

(*) Your data is processed in accordance with the Belgian Privacy Act of 8 December 1992. You can consult and correct your data at any time. These will be only be used to treat your demand.