

OVERSEAS CONTACT

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ADDRESS

Victor Hortaplein 11
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A5 – MEDICAL CERTIFICATE OF PERSISTENCE

1. Name and address of the doctor	
2. Surname, first name and address of the victim	
3. The lesions have become permanent since	___/___/_____
4. Description of the persistent lesions	
5. Probable percentage of permanent inability to work, according to the Barème Officiel Belge des Invalidités (B.O.B.I.) (Official Belgian Invalidity Scale)	___ % (probable)

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

Done at on ___/___/_____

Signature