

OVERSEAS CONTACT

Anda Martens (NI) Amélie Elie (Fr)
02 509 30 85 02 509 38 22

Stijn Blommaert (NI) Pascale Domken (Fr)
02 509 33 60 02 509 20 84

periodekeuitkeringen-osz@onsrszslss.fgov.be
prestationsperiodiques-om@onsrszslss.fgov.be

ADDRESS

Victor Hortaplein 11
1060 Brussels

A4 - MEDICAL CERTIFICATE OF FULL RECOVERY WITHOUT PERMANENT INCAPACITY FOR WORK

Please fill in properly the form on the front and back side, sign it and return it to the Department.

<p>1. The physician's name and address</p> <p>2. Tick the appropriate box</p> <p>3. The victim's name</p> <p>4. The incapacity for work can be full or partial. In case of a partial incapacity for work the percentages have to be mentioned.</p> <p>5. Tick the appropriate box</p> <p>6. Description of the residual injuries. The physician has to determine whether these injuries can have an impact on a possible pre-existing situation.</p> <p>7. Mention the nature of the appliance (spectacles, dental prosthesis, a.s.o.).</p>	<p>The undersigned, (1)</p> <p>.....</p> <p>.....</p> <p>acting in his capacity of</p> <p style="padding-left: 40px;">physician consulted by the person concerned (2)</p> <p style="padding-left: 40px;">the insurer's consulting physician (2)</p> <p>has examined</p> <p>on ____ / ____ / _____</p> <p>the person named (3)</p> <p>.....</p> <p>.....</p> <p>victim of an accident on</p> <p>____ / ____ / _____</p> <p>and declares</p> <p>1. that the accident has led to the following periods of temporary incapacity for work (4)</p> <p>.....</p> <p>.....</p> <p>2. that the affected person has resumed work on</p> <p style="padding-left: 40px;">____ / ____ / _____</p> <p>3. that the affected person has healed as from</p> <p style="padding-left: 40px;">____ / ____ / _____</p> <p style="padding-left: 40px;">3.1 without any residual injuries (5)</p> <p style="padding-left: 40px;">3.2 with the following residual injuries that do not result in a permanent incapacity for work (5)</p> <p style="padding-left: 40px;">(6)</p> <p>.....</p> <p>.....</p> <p>4. that the recovery has been attained after having attributed the following prostheses or orthopaedic appliances, the use of which has been recognized as necessary (7)</p> <p>.....</p> <p>.....</p>
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I declare having completed this form truthfully.

Done at on ____/____/____

Signature*

() Both an electronic and a handwritten signature are allowed*