MEDICAL CERTIFICATE

(Annex to the law of 15 December 1980 regarding the access to the territory, the stay, the the access to the territory, the stay, the establishment and the disposal of foreigners)

The undersigned Doctor in medicine (full name)	
certifies that he/she has examined this day Mr./Mrs./Ms./Miss (full name)	
Nationality:	
Date and place of birth	
Residing at	
And has found him/her free of one of the following illnesses which can threaten the public health:	
1 Illnesses requiring quarantine as stated by the international health regulation of the Wo	orld Health
Organization, undersigned in Genève on 23 May 2005;	
2 Pulmonary tuberculose, active or progressive ;	
3 Other contagious or transmittable diseases by infection or parasites if they are subject	in the host
country to provisions of protection of the nationals.	
Issued at on	
Signature of doctor	
Stamp of doctor's office.	
If applicable, Visa of the Embassy, Consulate general or Consulate	(Seal)
in applicable, thea of the Embaddy, Contours of Contours of Contours	(Cour)
At, on	