NSSO | OVERSEAS SOCIAL SECURITY

OVERSEAS CONTACT
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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.

1. The physician's name and address	The undersigned, **(1)** .... acting in his capacity of
2. Tick the appropriate box	physician consulted by the person concerned **(2)** the insurer's consulting physician **(2)** has examined on __ __ /__ __ /__ __ __ __
3. The victim's name	the person named **(3)** .... victim of an accident on __ __ /__ __ /__ __ __ __ and declares
4. The incapacity for work can be full or partial. In case of a partial incapacity for work the percentages have to be mentioned.	1. that the accident has led to the following periods of temporary incapacity for work **(4)** .... 2. that the affected person has resumed work on __ __ /__ __ /__ __ __ __ 3. that the affected person has healed as from __ __ /__ __ /__ __ __ __
5. Tick the appropriate box	3.1 without any residual injuries **(5)**
6. Description of the residual injuries. The physician has to determine whether these injuries can have an impact on a possible pre-existing situation.	3.2 with the following residual injuries that do not result in a permanent incapacity for work **(5)** **(6)** ....
7. Mention the nature of the appliance (spectacles, dental prosthesis, a.s.o.).	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)** ....

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I declare having completed this form truthfully.

Done at ..... on __ __/__ __/__ __ __ __

Signature*

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