

MEDICAL CERTIFICATE

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 as mentioned in the annex of the law of 15/12/1980 and representing a danger for public health:

- 1. Quarantine diseases referred to in the international health regulations of the World Health Organization, signed in Geneva on May 23, 2005;
- 2. Pulmonary tuberculoses, active or progressive;
- 3. Other contagious, infectious or parasitic diseases provided that they are, in Belgium, the subject of protective provisions with regard to nationals.

Issued aton

Signature of doctor

Stamp of doctor's office.

If applicable,
 Visa of the Embassy, Consulate general or Consulate (Seal)
 At**HONG KONG**....., on