

OVERSEAS CONTACT

Pascale Domken (Fr) Amélie Elie (Fr)
02 509 20 84 02 509 38 22
Stijn Blommaert (NL)
02 509 33 60

ADDRESS

Victor Hortaplein 11
1060 Brussels

periodiekeuitkeringen-osz@onsrszls.fgov.be
prestationsperiodiques-om@onsrszls.fgov.be

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